


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000072755</b> 1. Entity Name <b>JEANETTE B. REID, PH.D., P.A.</b>	
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Principal Place of Business <b>2730 CENTRAL AVE. SAINT PETERSBURG, FL 33712</b>	Mailing Address <b>2730 CENTRAL AVE. SAINT PETERSBURG, FL 33712</b>
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**DO NOT WRITE IN THIS SPACE**



07172006 No Chg-P CR2E034 (11/05)

4. FCI Number <b>02-0631025</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**REID, JEANETTE B  
3025 50TH ST. SO.  
GULFPORT, FL 33707**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when installing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000574636 08/17/06-80006-019 550.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D REID, JEANETTE B 3025 50TH STREET SO. GULFPORT, FL 33707</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

**SIGNATURE:** *Jeanette B. Reid* *Jeanette B. Reid* *8/15/06* *(727)327-3767*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, etc. Phone #