

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90353 032 \*\*\*150.00

**DOCUMENT # P02000075381**

1. Entity Name  
**ANTOINETTE L. LUZIER, P.A.**



Principal Place of Business  
**DUNLAP % MORAN, P.A.  
1990 MAIN ST, STE 700  
SARASOTA, FL 34236**

Mailing Address  
**DUNLAP % MORAN, P.A.  
1990 MAIN ST, STE 700  
SARASOTA, FL 34236**



03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2064585**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LUZIER, THOMAS B ESQ.  
DUNLAP & MORAN, P.A.  
1990 MAIN ST, STE 700  
SARASOTA, FL 34236**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LUZIER, ANTOINETTE L  
428 NW FERN DR  
CRYSTAL RIVER, FL 34428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 life empowered.

SIGNATURE:

*Antoinette Luzier*  
**ANTOINETTE L LUZIER**

Date

**3/31/06 352-795-3880**

Daytime Phone #

cc: PA file

ATTACHMENT

40550009  
#P02000075381

LAW OFFICES OF  
**DUNLAP & MORAN, P.A.**

SUITE 700  
1990 MAIN STREET  
SARASOTA, FLORIDA 34236  
POST OFFICE BOX 3948  
SARASOTA, FLORIDA 34230-3948  
TELEPHONE 941-366-0115  
FACSIMILE 941-365-4660

April 4, 2006

JUDSON H. BAILEY  
JOHN E. BROWN\* ^  
SCOTT H. CARTER\*\*  
SCOTT W. DUNLAP\*  
RYAN A. FEATHERSTONE  
RALPH L. FRIEDLAND†  
GARY KAUFFMAN‡  
THOMAS B. LUZIER  
RUTH E. McMAHON†  
DAVID M. MITCHELL‡  
JOHN A. MORAN  
REBECCA J. PROCTOR  
BURTON M. ROMANOFF\*  
JOHNSON S. SAVARY, JR.††

\* FLORIDA BAR BOARD CERTIFIED-  
REAL ESTATE  
^ ALSO LICENSED IN KENTUCKY  
\*\* ALSO LICENSED IN TEXAS  
† OF COUNSEL  
ALSO LICENSED IN CONNECTICUT  
‡ ALSO LICENSED IN NEW YORK  
§ FLORIDA BAR BOARD CERTIFIED-  
WILLS, TRUSTS & ESTATES  
ALSO LICENSED IN  
COLORADO AND MICHIGAN  
¶ OF COUNSEL  
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†† ALSO LICENSED IN MICHIGAN

8213-1

Division of Corporations  
Post Office Box 6478  
Tallahassee, FL 32314

Re: **ANTOINETTE LUZIER, P.A.**

Dear Sir/Madam:

**Enclosed** herewith for filing is the 2006 For Profit Corporation Annual Report, in connection with the above-referenced corporation.

Also, **enclosed** please find a check in the amount of \$150.00, representing payment of your filing fee.

If you have any questions with regard to this letter and/or the enclosure, please do not hesitate to contact me.

Very truly yours,

**DUNLAP & MORAN, P.A.**

Thomas B. Luzier, Esq.

TBL:RAF/8213-1/Ltr - Div of Corp - An Rpt filing  
Enclosures