2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000088621

1. Entity Name
SUE T. JAUERNIG, P.A.

Principal Place of Business	Mailing Address
6505 CLAIRSHORE DR	6505 CLAIR SHORE DR
APOLLO BEACH, FL 33572	APOLLO BEACH, FL 33572 US

04212006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0899716

Applied For
Not Applicable

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

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6. Name and Address of Current Registered Agent

CONNETT, STEPHEN G
213 N. PARSON AVE
BRANDON, FL 33510

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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	D
NAME	JAUERNIG, SUE T
STREET ADDRESS	6505 CLAIR SHORE DRIVE
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06--80017--012 150.00

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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 like empowered.

SIGNATURE: _Sue T. Jauernig_   4/25/06   (813) 695-0966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #