

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90343 026 ***150.00

DOCUMENT # P02000103335	
--------------------------------	---

1. Entity Name
MARK DYER P.A.

Principal Place of Business 2004 OTTERS POND ROAD FRUITLAND PARK, FL 34731	Mailing Address 2004 OTTERS POND ROAD FRUITLAND PARK, FL 34731
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------



04102006 Chg-P CR2E034 (11/05)

4. FEI Number 55-0795967	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent

**DYER, MARK
2004 OTTERS POND ROAD
FRUITLAND PARK, FL 34731**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL Zip Code

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	PD DYER, MARK 2004 OTTERS POND ROAD FRUITLAND PARK, FL 34731	☐ Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DYER, MICHELLE M 2004 OTTERS POND ROAD FRUITLAND PARK, FL 34731	☐ Delete
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
--	--	---

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 or without other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 **352-516-8808**
Date Daytime Phone #