

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-01-2006 90011 041 ***150.00

DOCUMENT # P02000107106 1. Entity Name DVORAK-DVORAK, INC.			
Principal Place of Business 2855 S. ATLANTIC AVE UNIT 304 DAYTONA BEACH, FL 32118		Mailing Address 2855 S. ATLANTIC AVE UNIT 304 DAYTONA BEACH, FL 32118	
2. Principal Place of Business 404 Ocean Dunes Rd. Suite, Apt. #, etc.		3. Mailing Address 404 Ocean Dunes Rd. Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32118-4914		Zip 32118-4914	
Country USA		Country USA	
4. FEI Number 51-0465432		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NORTON, JOHN S JR 431 N GRANDVIEW AVE DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DVORAK, PHILIP A 1978 SOUTH CREEK BLVD DAYTONA BEACH, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dvorak, Philip A. 4936 S. Peninsula Dr. Ponce Inlet, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DVORAK, MATTHEW A 2855 S. ATLANTIC AVE., UNIT 304 DAYTONA BEACH SHORES, FL 32118	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dvorak, Matthew A. 404 Ocean Dunes Rd. Daytona Beach, FL 32118-4914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/29/06 Daytime Phone #	