


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-17-2006 90265 004 \*\*\*150.00

<b>DOCUMENT # P02000122585</b>		
1. Entity Name CURTIS B. CASSNER, P.A.		

Principal Place of Business 2640 GOLDEN GATE PARKWAY STE 305 NAPLES, FL 34105	Mailing Address 2640 GOLDEN GATE PARKWAY STE 305 NAPLES, FL 34105
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2. Principal Place of Business <del>The Chamber Building</del> Suite, Apt. #, etc. <u>2390 Tamiami Trail N. Ste 204</u>	3. Mailing Address <del>The Chamber Building</del> Suite, Apt. #, etc. <u>2390 Tamiami Trail N. Ste 204</u>
City & State <u>Naples, FL</u>	City & State <u>Naples, FL</u>
Zip <u>34103</u>	Country <u>U.S.A</u>



01112006 Chg-P CR2E034 (11/05)

4. FEI Number 51-0435940		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 CASSNER, CURTIS B 2640 GOLDEN GATE PARKWAY STE 305 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name <u>Cassner, Curtis B</u> Street Address (P.O. Box Number is Not Acceptable) <u>2390 Tamiami Trail North Ste 204</u> <u>Naples</u> City <u>Naples</u> FL Zip Code <u>34103</u>

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSNER, CURTIS B 2640 GOLDEN GATE PARKWAY STE 305 NAPLES, FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Cassner, Curtis B</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>2390 Tamiami Trail North Ste 204</u> <u>Naples, FL 34103</u>
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
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

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 an other like empowered.

SIGNATURE: \_\_\_\_\_ 11/16/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #