

# 2006 FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000012057**

1. Entity Name  
**BACK OFFICE ASSOCIATES, INC.**



Principal Place of Business  
**9351 AQUA VISTA BLVD  
BOYNTON BEACH, FL 33437**

Mailing Address  
**9351 AQUA VISTA BLVD  
BOYNTON BEACH, FL 33437**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3739200**

Applied For  
Not Applicable

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

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

**TYMCHUK, LISA  
9351 AQUA VISTA BLVD  
BOYNTON BEACH, FL 33437**

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 TYMCHUK, LISA 9351 AQUA VISTA BLVD BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FONTECCHIO, ELIZABETH 5820 NW 48TH AVE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FONTECCHIO, DAVID 5820 NW 48TH AVE COCONUT CREEK, FL 33073
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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03/14/06-80046-019 150.00

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:** *Lisa Tymchuk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/1/2006*

Date

*561-740-1104*

Daytime Phone #