

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000035078

1. Entity Name  
GREGORY DURDEN, P.A.



Principal Place of Business  
633 SE 3RD AVE  
4  
FORT LAUDERDALE, FL 33301

Mailing Address  
633 SE 3RD AVE  
4  
FORT LAUDERDALE, FL 33301

**FILED  
Jan 06, 2006 08:00 AM  
Secretary of State**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3677538	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

DURDEN, GREGORY  
633 SE 3RD AVE #4  
FORT LAUDERDALE, FL 33301

**DO NOT WRITE  
IN THIS SPACE**

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]* Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*1/3/06*  
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	DURDEN, GREGORY
STREET ADDRESS	2309 NE 20 ST
CITY-ST-ZIP	FT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000378773  
01/09/06-80021-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/3/06 (954)463 8102*  
Date Daytime Phone #