


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000076981	
1. Entity Name RAMSEY SMATHERS, P.A.	

Principal Place of Business 2721 W. FAIRBANKS AVE. 100 WINTER PARK, FL 32789	Mailing Address 2721 W. FAIRBANKS AVE. 100 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



Q1052006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0068362	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 SMATHERS, RAMSEY 2721 W. FAIRBANKS AVENUE STE. 100 WINTER PARK, FL 32789
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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 _____ (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	D SMATHERS, RAMSEY 2721 W. FAIRBANKS AVE., STE. 100 WINTER PARK, FL 32789
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04/14/06-80021-008 150.00

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: Ramsey Smathers Ramsey Smathers 3-31-06 (407) 478-2225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #