2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000087007

1. Entity Name
FRED M. CONE, P.A

Principal Place of Business	Mailing Address
50 N. LAURA STREET SUITE 2600 JACKSONVILLE, FL 32202	50 N. LAURA STREET SUITE 2600 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

01032006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0142531		Not Applicable

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

6. Name and Address of Current Registered Agent

CONE, FRED M
50 N. LAURA STREET, STE. 2600
JACKSONVILLE, FL 32202

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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	PS
NAME	CONE, FRED M
STREET ADDRESS	50 N. LAURA STREET STE. 2600
CITY-ST-ZIP	JACKSONVILLE, FL 32202

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/09/06-80001-014 150.00

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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: _Fred M Cone_   Corp. Secretary   1/3/06   (904)598-6108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #