


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90041 035 ***150.00

DOCUMENT # P03000096303

1. Entity Name
ANTHONY J. CORREIA, P.A.



Principal Place of Business Mailing Address
844 REMSEN AVE **844 REMSEN AVE**
PALM BAY, FL 32907 **PALM BAY, FL 32907**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



04262006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0204201 Not Applicable

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

6. Name and Address of Current Registered Agent
CORREIA, ANTHONY J
844 REMSEN AVE NW
PALM BAY, FL 32907

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DPST	<input type="checkbox"/> Delete
NAME	CORREIA, ANTHONY J	
STREET ADDRESS	844 REMSEN AVE NW	
CITY-ST-ZIP	PALM BAY, FL 32907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 _____ **Anthony J. Correia, Director** **04/26/06** **321-254-9799**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40093616

May 18, 2006

Uniform Business Reports
Division Of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P03000096303
ANTHONY L. CORREIA, P.A.

To Whom It May Concern:

Please be advised that we sent a timely Annual Report for 2006 the week of April 27, 2006. Unfortunately, the US Post Office delivered our Annual Report to the wrong address. They delivered the report to P.O. Box 8500 and not to the correct P.O. Box 1500. The Florida Disbursement Unit returned the check and Annual Report with the enclosed documentation.

We ask the Division not to charge a late penalty because the delay in filing was not due to our negligence.

Please find enclosed our company check in the amount of \$150.00 with a completed Annual Report for the year 2006.

Sincerely,



Anthony J. Correia
President