

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 034 ***150.00

DOCUMENT # P03000107089

1. Entity Name
ETTLINGER.PROPERTY MANAGEMENT CO, INC.



Principal Place of Business
**1960 U.S. 1 SOUTH
#8
ST. AUGUSTINE, FL 32086**

Mailing Address
**1960 U.S. 1 SOUTH
#8
ST. AUGUSTINE, FL 32086**

40098117



02182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
87-0709409

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, CHARLES E
77 ALMERIA ST.
ST. AUGUSTINE, FL 32085-4050**

**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, 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
**D
ETTLINGER, STEVEN N
1456 COUNTY RD. 13 SOUTH
ST. AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
ETTLINGER, STEVEN N
1456 COUNTY RD. 13 SOUTH
ST. AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

STEVEN ETTlinger 2-27-06

904 824 1830

Mailed 7/27/06



ATTACHMENT

40098117

Roto-Rooter of St. Augustine

1960 US 1 S. PMB 8 * St. Augustine, FL 32086
(904) 824-1836 * 824-7234 Fax

July 6, 2006

Division of Corporation
P. O. Box 6198
Tallahassee, FL 32314

Dear Sir:

We have recently received a notice of Intent to Dissolve (document # PO3000107089) for Ettlinger Property Management. We have previously sent the annual report along with our payment, check #13767 on March 27, 2006, a copy is enclosed.

We are requesting a waiver on the penalty fee due to the fact that the post office has failed on their duty of prompt delivery. We are also enclosing a copy of the original report along with our new payment.

Thank you for your kind consideration. Should you have any questions or concerns, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shay Ettlinger".

Shay Ettlinger
Accounts Payable

Enclosures

"Serving our Friends and Neighbors Since 1992"

Steven Ettlinger-Master Plumber
CF-CO57849

ROTO-ROOTER OF ST. AUGUSTINE, INC.

ATTACHMENT

13767

Department of State

Date	Type	Reference
02/27/2006	Bill	

Original Amt.
150.00

2/27/2006
Balance Due
150.00
Discount
Check Amount

Payment
150.00
150.00

40098117
~~#P03000107089~~

Bank of America

PRODUCT LT104

USE WITH 9379 ENVELOPE

NEBS To Reorder: 1-800-225-6390 or www.nebs.com

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150.00

B ● ○