

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000111133

1. Entity Name  
BEVERLY PUPA, P.A.



Principal Place of Business  
1071 DONEGAN RD #570  
LARGO, FL 33771

Mailing Address

1071 DONEGAN RD #570  
LARGO, FL 33771

2. Principal Place of Business  
1763 SPLIT FORK DR.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
OLDSMAR FLORIDA

City & State

Zip  
34677

Country  
U.S.A

Zip

Country

4. FEI Number  
20-0345540

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

PUPA, BEVERLY  
1071 DONEGAN RD #570  
LARGO, FL 33771

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

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  
PUPA, BEVERLY  
1071 DONEGAN RD #570  
LARGO, FL 33771

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Beverly Pupa  Change  Addition  
1763 Split FORK DR.  
OLDSMAR, FL 34677

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
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:

*Beverly Pupa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 727-581-1105  
Date Daytime Phone #