

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000113386

1. Entity Name
PLANT CITY ALLERGY, P.A.



Principal Place of Business
106 SOUTHERN OAK DRIVE
PLANT CITY, FL 33563

Mailing Address
P.O. BOX 2156
PLANT CITY, FL 33564

DO NOT WRITE IN THIS SPACE

**FILED
Mar 01, 2006 8:00 am
Secretary of State**

03-01-2006 90033 019 ***150.00



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2404133	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROVENCHER, DAVID E JR.
1703 W. PALMETTO STREET 106 Southern Oak Drive
PLANT CITY, FL 33563

**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 D
NAME PROVENCHER, DAVID E JR.
STREET ADDRESS 315 S. EDISON # 9
CITY-ST-ZIP TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/06

Date

Daytime Phone #