

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127508

1. Entity Name
FOX & LOQUASTO P.A.



FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business

112 N. DELAWARE AVE.
SUITE 1
TAMPA, FL 33606

Mailing Address

112 N. DELAWARE AVE.
SUITE 1
TAMPA, FL 33606



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
83-0375770

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOX, SUSAN W
112 N. DELAWARE AVE.
SUITE 1
TAMPA, FL 33606

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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	P FOX, SUSAN W 302 COLUMBIA DR. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, LOQUASTO, WENDY S 1402 SHUFFIELD DR. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOQUASTO, WENDY S 1402 SHUFFIELD DR. TALLAHASSEE, FL 32308
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/06-80017-018 150.00

**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:

Susan W. Fox
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan W. Fox

1/11/06

(813) 251-6400