

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000136408

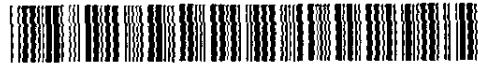
1. Entity Name
KATHLEEN FRANCES CASERTA, P.A.



Principal Place of Business
101 30TH STREET
HOLMES BEACH, FL 34217

Mailing Address
101 30TH STREET
HOLMES BEACH, FL 34217

FILED
Mar 17, 2006 08:00 AM
Secretary of State



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 45-0529102	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASERTA, KATHLEEN F
101 30TH STREET
HOLMES BEACH, FL 34217

**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 remitting)

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: PSTD
NAME: CASERTA, KATHLEEN F
STREET ADDRESS: 101 30TH STREET
CITY-ST-ZIP: HOLMES BEACH, FL 34217

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: *Kathleen Frances Caserta, P.A.* 3-10-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

— Date

Daytime Phone #

UD00000471250
03/28/06-80046-011 150.00

**DO NOT WRITE
IN THIS SPACE**