03/31/2006 FRI 11:04 FAX 941 747 2108 David W Wilcox PA
MAR-29-2006(WED) 14:40 kelley

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-03-2006 90384 034 *****8.75
04-28-2006 90147 020 ***141.25

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000005814

1. Entity Name
KELLEY DUBOVSKY, P.A.

Principal Place of Business	Mailing Address
6109 LAUREL CREEK TRAIL ELLENTON FL 34222	6109 LAUREL CREEK TRAIL ELLENTON FL 34222

400001...

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
414 169th Ct NE	414 169th Ct NE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRADENTON, FLORIDA	City & State: Bradenton, Florida
Zip: 34212 Country: USA	Zip: 34212 Country: USA

4. FEI Number: 30-0228483 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
WILCOX, DAVID W
308 13TH ST W
BRADENTON FL 34205

7. Name and Address of New Registered Agent
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] 3-25-06
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: DUBOVSKY, KELLEY STREET ADDRESS: 6109 LAUREL CREEK TRAIL CITY-ST-ZIP: ELLENTON FL 34222	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 3-2-06 941-920-0001
Signature and typed or printed name of signing officer or director Date Daytime Phone #