

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90421 045 \*\*\*150.00

<b>DOCUMENT # P04000006767</b> 1. Entity Name <b>BRUCE HENRY WEHR, P.A.</b>					
Principal Place of Business <b>3015 SAMOSA HILL CIRCLE CLERMONT, FL 34711</b>			Mailing Address <b>3015 SAMOSA HILL CIRCLE CLERMONT, FL 34711</b>		
2. Principal Place of Business <b>7743 Basnett Circle</b>		3. Mailing Address <b>7743 Basnett Circle</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04202006    Chg-P    CR2E034 (11/05)	
City & State <b>Kissimmee FL</b>		City & State <b>Kissimmee FL</b>		4. FEI Number <b>20-0566802</b>	
Zip <b>34747</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEHR, BRUCE HENRY 3015 SAMOSA HILL CIRCLE CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent  <b>7743 Basnett Circle Kissimmee FL 34747</b>	
Name 				Street Address (P.O. Box Number is Not Acceptable) 	
City 				State <b>FL</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEHR, BRUCE HENRY 3015 SAMOSA HILL CIRCLE CLERMONT, FL 34711		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Bruce Henry Wehr</u> <b>Bruce Henry Wehr</b> <u>4/27/06</u> <u>321.289.5776</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					