

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90120 046 \*\*\*150.00

<b>DOCUMENT # P04000060351</b>						
<b>1. Entity Name</b> SHELLEY D. PLUMB, P.A.						
<b>Principal Place of Business</b> 4889 S. CONGRESS SUITE 201 LAKE WORTH, FL 33462			<b>Mailing Address</b> 10296 CYPRESS LAKES PRESERVE DRIVE LAKE WORTH, FL 33467			
<b>2. Principal Place of Business</b> 10296 Cypress Lakes Preserve Dr		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> Lake Worth, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 32-0114298		
<b>Zip</b> 33467		<b>Country</b> United States		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>  PLUMB, SHELLEY D 10296 CYPRESS LAKES PRESERVE DRIVE LAKE WORTH, FL 33467			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>DATE</b> _____		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PRES	<b>NAME</b> PLUMB, SHELLEY D		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10296 CYPRESS LAKES PRESERVE DRIVE	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VP	<b>NAME</b> PLUMB, MARK A		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 10296 CYPRESS LAKES PRESERVE DRIVE	<b>CITY-ST-ZIP</b> LAKE WORTH, FL 33467			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SEC	<b>NAME</b> PLUMB, MARK A		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b> TREA	<b>NAME</b> PLUMB, SHELLEY D		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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>						
<b>SIGNATURE:</b> <i>Shelley D. Plumb</i>				3/12/06 (561) 629-8330		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>		