

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90414 026 ***150.00

DOCUMENT # P04000064056					
1. Entity Name WENDY A. NASH, P.A.					
Principal Place of Business 10352 LONGWOOD DR LARGO, FL 33777 US			Mailing Address 10352 LONGWOOD DR LARGO, FL 33777 US		
2. Principal Place of Business 7694 CARVER CT Suite, Apt. #, etc.		3. Mailing Address 7694 CARVER CT Suite, Apt. #, etc.			
City & State SEMINOLE FL		City & State SEMINOLE FL		4. FEI Number 20-1022378	
Zip 33772		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NASH, WENDY A 11379 TRADEWINDS BLVD LARGO, FL 33773			7. Name and Address of New Registered Agent Name: NASH, WENDY A. Street Address (P.O. Box Number is Not Acceptable): 7694 CARVER CT City: SEMINOLE FL Zip Code: 33772		
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: <u>X Wendy A. Nash</u> <u>WENDY A. NASH</u> <u>4/8/06</u> <small>Signature typed or printed name of registered agent and agent applicable (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME NASH, WENDY A		TITLE P		
STREET ADDRESS 11379 TRADEWINDS BLVD	CITY-ST-ZIP LARGO, FL 33773		NAME NASH, WENDY A		
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME NASH, LAURANCE E		TITLE 		
STREET ADDRESS 11379 TRADEWINDS BLVD	CITY-ST-ZIP LARGO, FL 33773		NAME 		
<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		TITLE 		
STREET ADDRESS 	CITY-ST-ZIP 		NAME 		
<input type="checkbox"/> Delete			<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					
SIGNATURE: <u>X Wendy A. Nash</u> <u>PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/8/06</u> <u>802-363-3960</u> <small>Date Davison Phone #</small>		

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