2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # P04000064058 1. Entity Name DONALD CHARRON, P.A.								01-20-2006 90030 043 ***150.00				
Principal Place of Business Mailing Address												
13580 TRADITIONS DR. Seminole, FL 33776 US				13580 TRADITIONS DR. Seminole, FL 33776 US								
SENIMOLE, FE 33770 US				SEMMOLE, 1E SS770 US			1 (8 4)(9 4) 2(1	### #### #############################	IN GRUG RU U GIRU	ADIR: 21191 16:	188() 1881	
2. Principal Place of Business				3. Mailing Address								
Z. Principal Place of Business			3.	3. Walling Address					III BLIIB EIIII Bibli	ABIB) BIIBI IBI	 10 1 1 1 1 1 1 1 1 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01112006	Chg-P	CR2E034	(11/05)		
City & State				City & State			, 20-103. Plicable	2383		plied For t Applicable		
Zip	Zip Country			Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current				tered Agent		7. Name and Address of New Registered Agent						
CIASSON SOUNDING						Name						
CHARRON, DONALD W 13580 TRADITIONS DR.				DEP,		Street Address (P.O. Box Number is Not Acceptable)						
SEMINOLE, FL 33776												
						City	E ■ Zip C			Zip Code	9	
				verses of abaseles its	rogietor	· ·	FL '					
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.												
CIONATUDE												
SIGNATURE Signature, typed or printed name of registered agent and title (Lapplicable (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.							5.00 May Be dded to Fees					
10.	OFFICERS AND			CTORS	···-	ADDITIONS/	CHANGES TO OFF	ICERS AND D	IRECTORS	5 IN 11		
TITLE NAME	P CHARRON, DONALD W			1					(Change	☐ Addition	
STREET ADDRESS	1					EET ADDRESS						
CITY-ST-ZIP	SEMINOLE, FL 33776					-ST-ZIP						
TITLE	VP			Delete IIII					[Change	☐ Addition	
NAME STREET ADDRESS	CHARRON, MARGARET M 13580 TRADITIONS DR.					EET ADDRESS						
CITY-ST-ZIP	SEMINO	LE, FL 33776			CITY	-ST-ZIP						
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CITY-ST-ZIP						(-ST-ZIP	*					
12. I hereby	certify that th	ne information support or supplemental	lied with this	iling does not qualify f	for the ex	emptions contain	ned in Chapter 119	, Florida Statutes. t as if made under	I further certify oath; that I am	that the in	nformation or director	
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 his 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.												