


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90024 037 \*\*\*150.00

<b>DOCUMENT # P04000067268</b>	
1. Entity Name THOMAS N. FISCHGRUND, P.A.	

Principal Place of Business 710 94TH AVE N SUITE 301 ST PETERSBURG, FL 33702-2452	Mailing Address 710 94TH AVE N SUITE 301 ST PETERSBURG, FL 33702-2452
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**50022814**

2. Principal Place of Business <i>5710-4th St North</i> Suite, Apt. #, etc. <i>1</i>	3. Mailing Address <i>5710-4th St North</i> Suite, Apt. #, etc. <i>1</i>
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07112006 Chg-P CR2E034 (11/05)

City & State <i>St. Petersburg, FL</i>	City & State <i>St. Petersburg, FL</i>
Zip <i>33703</i>	Zip <i>33703</i>
Country <i>LISA</i>	Country <i>LISA</i>

4. FEI Number 20-1066909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FISCHGRUND, THOMAS N 710 94TH AVE N SUITE 301 ST PETERSBURG, FL 33702-2452	
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*same -*  
*new address*

7. Name and Address of New Registered Agent Name: <i>Thomas N. Fischgrund</i> Street Address (P.O. Box Number is Not Acceptable) <i>5710-4th St North, Ste 1</i> City: <i>St. Petersburg</i> FL Zip Code: <i>33703</i>	
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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 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD FISCHGRUND, THOMAS N 710 94TH AVE N SUITE 301 ST PETERSBURG, FL 337022452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5710-4th St North, Ste 1</i> <i>St. Petersburg, FL 33703</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> 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"/> Delete	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.

SIGNATURE: *TH N Fischgrund* 7-18-06 727-522-1151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



## ATTACHMENT

**Professional Financial Services & Associates, Inc.**

50022814

710 - 94th Avenue North / Suite 302 / St. Petersburg, FL 33702  
(727) 577-9602 / Fax (727) 577-6413 / Toll Free 1-888-810-3899  
Email: Joe\_Valz@yahoo.com



July 5, 2006

resent 7-18-06

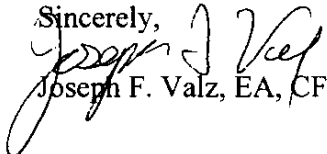
Florida Dept of State  
Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Thomas N. Fischgrund, P. A.  
P04000067268

(annual report notice)

As Mr. Fischgrund did not receive the original notice of corporate renewal, I am requesting that you abate any penalties and reinstate the corporation. Enclosed is a check for the renewal fee of \$150.00. Thank you.

Sincerely,

  
Joseph F. Valz, EA, CFP, CPBC

ATTACHMENT

50022814

#A040000667268

**PROVISION FOR WAIVER OF THE \$400.00 LATE FEE:**

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received.

A letter stating this fact must accompany the completed annual report along with the original annual report fee.

Please return your letter stating this with  
Annual Report & check