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**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90406 043 ***150.00

DOCUMENT # P04000089822					
1. Entity Name CYNTHIA A. OUELLETTE, P.A.					
Principal Place of Business 17887 COURTSIDE LANDINGS CIRCLE PUNTA GORDA, FL 33955 US			Mailing Address 17887 COURTSIDE LANDINGS CIRCLE PUNTA GORDA, FL 33955 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-1225513				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OUELLETTE, CYNTHIA A 17887 COURTSIDE LANDINGS CIRCLE PUNTA GORDA, FL 33955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST OUELLETTE, CYNTHIA A 17887 COURTSIDE LANDINGS CIRCLE PUNTA GORDA, FL 33955 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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>Cynthia Ouellette Mcgibbon</u> 4-20-6 239851-2216 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



04192006 Chg-P CR2E034 (11/05)