


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000101313</b>	
<b>1. Entity Name</b> JAN ICE, MSW, LCSW, P.A.	

<b>Principal Place of Business</b> 4521 BROADWAY WEST ESTERO FL 33928	<b>Mailing Address</b> 4521 BROADWAY WEST ESTERO FL 33928
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

**4. FEI Number** 02-0726997 ☐ **Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
SMITH, WILLIAM R 8191 COLLEGE PKWY STE 204 FORT MYERS FL 33919		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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** **\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> ICE, JAN	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4521 BROADWAY WEST	<b>CITY-ST-ZIP</b> ESTERO FL 33928	<b>NAME</b>	U000000486456
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	04/13/06-80039-002 150.00
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>NAME</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>NAME</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>NAME</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>NAME</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** JAN ICE JAN ICE 3/22/06 239-435-1606