


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90197 045 \*\*\*150.00

<b>DOCUMENT # P04000112162</b> 1. Entity Name <b>KATIE PAQUETTE, PA</b>																													
Principal Place of Business <b>12806 MEADOW HAWK DR FORT MYERS, FL 33912</b>				Mailing Address <b>12806 MEADOW HAWK DR FORT MYERS, FL 33912</b>																									
2. Principal Place of Business <b>3949 Evans Ave</b> Suite, Apt. #, etc. <b>406</b> City & State <b>Ft Myers, FL</b> Zip <b>33901</b>		3. Mailing Address <b>3949 Evans Ave</b> Suite, Apt. #, etc. <b>406</b> City & State <b>Ft Myers, FL</b> Zip <b>33901</b>		4. FEI Number <b>30-0266864</b>																									
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent <b>GRECO, CARL 3949 EVAS PINE ST 403 FORT MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>Carl Greco</b> Street Address (P.O. Box Number is Not Acceptable) <b>3949 Evans Ave Ste. 403</b> City <b>Ft Myers</b> <b>FL</b> Zip Code <b>33901</b>																									
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04152006 Chg-P CR2E034 (11/05)

4. FEI Number  
**30-0266864**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRECO, CARL  
3949 EVAS PINE ST 403  
FORT MYERS, FL 33901

Name **Carl Greco**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3949 Evans Ave Ste. 403**  
 City **Ft Myers** **FL** Zip Code **33901**

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SIGNATURE *Carl Greco* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/06

**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**

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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: *Katie Paquette*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 <sup>239</sup>  
Date Daytime Phone # 281-2252