

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000114941

1. Entity Name

CHRISTINE A. MORELLI, P.A.



Principal Place of Business

243 THERESE STREET
DAVENPORT, FL 33897 US

Mailing Address

243 THERESE STREET
DAVENPORT, FL 33897 US

FILED

06 MAY 22 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05172006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1456849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MORELLI, CHRISTINE A
243 THERESE STREET
DAVENPORT, FL 33897

DO NOT WRITE
IN THIS SPACE

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE P
NAME MORELLI, CHRISTINE A
STREET ADDRESS 243 THERESE STREET
CITY-ST-ZIP DAVENPORT, FL 33897

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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300075561673
05/31/06--01035--001 **150.00

DO NOT WRITE
IN THIS SPACE

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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

Christine A. Morelli

5/17/06

Day Phone
863-206-4220