

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000129211

1. Entity Name
JOHNNY COLON, P.A.



Principal Place of Business
**12220 WILD IRIS WAY
UNIT 102
ORLANDO, FL 32837 US**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE, FL 34744 US**

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-1608861 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**COLON, JOHNNY
12220 WILD IRIS WAY
#102
ORLANDO, FL 32837**

**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
After May 1, 2006 Fee will be \$550.00**

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

**000000492570
04/19/06-80072-003 150.00**

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | DPST COLON, JOHNNY 12220 WILD IRIS WAY #102 ORLANDO, FL 32837 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #