





2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90013 015 ***150.00

DOCUMENT # P04000129247 1. Entity Name LAN Q. O'DONNELL, O.D., P.A.					
Principal Place of Business 870 MACK BAYOU ROAD SUITE B SANTA ROSA BEACH, FL 32459			Mailing Address 1114 E JOHN SIMS PKWY #231 NICEVILLE, FL 32578		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 870 MACK BAYOU RD Suite, Apt. #, etc.		 03292006 Chg-P CR2E034 (11/05) 4. FEI Number 20-1607597 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State SANTA ROSA BEACH FL		City & State SANTA ROSA BEACH FL			
Zip 32459		Zip 32459			
Country		Country			
6. Name and Address of Current Registered Agent O' DONNELL, LAN Q 1114 E JOHN SIMS PKWY #231 NICEVILLE, FL 32578				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 OAKSHORES DRIVE City NICEVILLE FL 32578	
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:  3/30/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTS O'DONNELL, LAN Q 1114 E. JOHN SIMS PKWY #231 NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 OAKSHORES DRIVE NICEVILLE FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'DONNELL, MICHAEL T 1114 E. JOHN SIMS PKWY #231 NICEVILLE, FL 32578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 OAKSHORES DRIVE NICEVILLE FL 32578	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/30/06 (850) 622 4000 <small>Date Daytime Phone #</small>		