## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P04000139840

1. Entity Name SARÁH SIMONE RUNK, P.A.



**FILED** May 01, 2006 08:00 Al Secretary of State

Principal Place of Business

Mailing Address

806 HARPER PLACE

PO BOX 1004

THE VILLAGES, FL 32159

LADY LAKE, FL 32158



## DO NOT WRITE IN THIS SPACE

04182006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-1768034

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUNK, SARAH S 806 HARPER PLACE THE VILLAGES, FL 32159

SIGNATURE:

## 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 NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	····		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RUNK, SARAH S 806 HARPER PLACE THE VILLAGES, FL 32159				(900000E4E200
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000545230 05/11/06-80071-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME SIREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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 embowered 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 life impowered.					