


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90252 026 \*\*\*150.00

<b>DOCUMENT # P04000151678</b> 1. Entity Name <b>BARBARA D. SPECTOR, P.A.</b>													
Principal Place of Business <b>1025 ARDMORE ST</b> <b>ST AUGUSTINE, FL 32092 US</b>			Mailing Address <b>1025 ARDMORE ST</b> <b>ST AUGUSTINE, FL 32092 US</b>										
2. Principal Place of Business <b>2034 Rivers Own Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2034 Rivers Own Rd</b> <small>Suite, Apt. #, etc.</small>											
City & State <b>St. Augustine, FL</b>		City & State <b>St. Augustine FL</b>		4. FEI Number <b>20-1848388</b>									
Zip <b>32092-2430</b>		Country <b>St Johns</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$6.75 Additional Fee Required</b>									
6. Name and Address of Current Registered Agent  <b>SPECTOR, BARBARA D</b> <b>1025 ARDMORE ST</b> <b>ST AUGUSTINE, FL 32092</b>				7. Name and Address of New Registered Agent Name <b>Barbara Spector-Cronin</b> Street Address (P.O. Box Number is Not Acceptable) <b>2034 Rivers Own Rd</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32092</b>									
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 <u><i>Barbara Spector-Cronin</i></u> <b>Barbara Spector-Cronin</b> 1/11/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>										
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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: <u><i>Barbara Spector-Cronin</i></u> <b>Barbara Spector-Cronin</b> 1/11/06 904-393-2672 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>													

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