


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151729

1. Entity Name
 CAROLYN J. SHOTT, CPA, INC.



Principal Place of Business 1614 GLENRIDGE ST., NW PALM BAY, FL 32907	Mailing Address 1614 GLENRIDGE ST., NW PALM BAY, FL 32907
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01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1839569	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

SHOTT, CAROLYN J
 1614 GLENRIDGE ST., NW
 PALM BAY, FL, FL 32907

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

000000415164
 02/11/06-80068-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SHOTT, CAROLYN J 1614 GLENRIDGE ST., NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SHOTT, CAROLYN J 1614 GLENRIDGE ST., NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA SHOTT, CAROLYN J 1614 GLENRIDGE ST., NW PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Carolyn J Shott 1-77-06 (377) 676-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #