# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # P04000163537**

1. Entity Name

MELVYN TRUTE, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1090 KANE CONCOURSE STE 202 BAY HARBOR ISLANDS FL 33154 | 1090 KANE CONCOURSE STE 202 BAY HARBOR ISLANDS FL 33154 |

1st MOORE          CR2E034 (10/05)

| 2. Principal Place of Business | 3. Mailing Address | |
|---|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number  56-2492069    ☐ Applied For  ☐ Not Applicable

5. Certificate of Status Desired  ☐  **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TRUTE, MELVYN
1090 KANE CONCOURSE STE 202
BAY HARBOR ISLANDS FL 33154

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City                    FL    Zip Code

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 _____    2/6/06

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**
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE: F | ☐ Delete | TITLE | U00000428627  ☐ Change  ☐ Addition |
| NAME: TRUTE, MELVYN | | NAME | 02/21/06-80052-025  150.00 |
| STREET ADDRESS: 1090 KANE CONCOURSE STE 202 | | STREET ADDRESS | |
| CITY-ST-ZIP: BAY HARBOR ISLANDS FL 33154 | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| TITLE | ☐ Delete | TITLE | ☐ Change  ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ (MELVYN TRUTE)    2/6/06    305-865-673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #