## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P04000166062 1. Entity Name



## FILED Mar 31, 2006 8:00 am Secretary of State 03-16-2006 90245 047 \*\*\*150.00

Principal Place of Dusiness  ### FIT DATE PALM AVENUE SOUTH ### SAIRO COUNTY	ROBERT	W. DOWLING, P.A.									
### AVENUE SOUTH SAINT PETERSBURG FL 33707 US  ### PETERSBURG FL 33710-8411  ### PET	Principal Plac	e of Rusiness	Mailing Address								
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20 Country 2p Country 2p Country 5. Certificate of Satura Desired	Suite, Apt.	W, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			t-MOORE (	CR2E034 (10/	(05)	DE STORM	
SIMONE, STEPHEN CPA 6439 CENTRAL AVENUE SAINT PETERSBURG FL 33710-8411  6. 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 me obligations of registered agent.  SIGNATURE:  6. 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 me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent.  SIGNATURE:  6. 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 me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with and accept the familiar with and obligation of the state of Florida. I am familiar with and obligation of Florida. I am familiar and obligation of the state of Florida. I am familiar and obligation of the state of Florida. I am familiar and obligation of the state of Florida. I am familiar and obligation of Florida. I am familiar and obligation of Florida. I am familiar on obligation of Florida. I am familiar on obligation of Florida. Simular. I familiar contained under one one	City & Stat	е	City & State	City & State			4. FEI Number 20 - 1996770				
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SIMONE, STEPHEN CPA 6439 CENTRAL AVENUE SAINT PETERSBURG FL 33710-8411  City  FL Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered agent or both, in the State of Riorida. Jam tambian with, and accept the eclipidation of registered agent agent, or both, in the State of Riorida. Jam tambian with, and accept the eclipidation of registered agent agent. The State of Riorida. The state of Riorida agent agent agent or both, in the State of Riorida. Jam tambian with, and accept the eclipidation of registered agent agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Ind.  OFFICERS AND DIRECTORS IN 11  Ind.  OFFICERS AND DIRECTORS IN 11  Ind.  OWALL STATE ADMINS GY11 DATE PAIM AVENUE SOUTH  INI.  MAKE  STATE ADMINS GY11 DATE PAIM AVENUE SOUTH  STATE ADMINS GY		6. Name and Address of Currer	nt Registered Agent	·····		7-Hame on	Address of New Re			1,500,20	
Schart Registered Services (PO Box Number is Not Acceptable)  City   FL   Zip Code  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 dollpatons of registered agent.  SIGNATURE   The NoWHI FEE IS 115,000   Add to Person and a purpose of phancing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the dollpatons of registered agent. The State of Florida and accept the dollpatons of registered agent. The State of Florida and accept the dollpatons of registered agent. The State of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of the state of Florida and accept the dollpatons of Florida and accept the dollpatons of Florida and accept the dollpatons of Florida and accept the state of Florida and accept the florida and accept the state of Florida and accept the florida and	00.4	ONE OTERUEN ORA			Name						
B. 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	643	9 CENTRAL AVENUE		Street Address (P.O. Box Number is Not Acceptable)							
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FILE NOW!! FEE IS \$150.00  After May 1, 2006 Fee Will Be \$550.00  Make Check Psyable to Florida Department of State:  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INC. PST	8. The above the obligat	named entity submits this statement lions of registered agent	for the purpose of changing it	s register	ed office or register	red agent, or bo	oth, in the State of Flor	ida. Tam tamilia	ir with,	and accept	
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STREET ADDRESS CITY-S1-ZIP  INTE NAME SIREET ADDRESS CITY-S1-ZIP  112. 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 occurate 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 tike empowered.  SIGNATURE:	TITLE		☐ Delete	TITLE					hange	Addition	
NAME SIREE ADDRESS CITY-S1-7IP  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 occurate 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 attrachment with an address, with all therefore empowered.  SIGNATURE:				STRE	et adoress						
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IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 11742-9003

ATTACHMENT 66007901

#P84000166062

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Date of this notice: 12-23-2004

Employer Identification Number: 20-1996770

Form: SS-4

Number of this notice: CP 575 A

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

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ROBERT W DOWLING PA 6711 DATE PALM AVE S SAINT PETERSBURG FL

33707

000252

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-1996770. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1120

03/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1-I-R-B.7 (or the superceding revanue procedure for the year at issue).