

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90012 048 \*\*\*150.00

**DOCUMENT # P04000169923**



1. Entity Name

LISA AHLSTROM, P.A.

Principal Place of Business

Mailing Address

806 CHESTNUT COURT  
MARCO ISLAND FL 34145

1401 Forrest Court  
806 CHESTNUT COURT  
MARCO ISLAND FL 34145



2. Principal Place of Business

1401 Forrest Court

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Marco Island Florida

City & State

Marco Island Florida

Zip

34145

Country

Collier

Zip

34145

Country

Collier

4. FEI Number

05-0613332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AHLSTROM, LISA  
806 CHESTNUT COURT  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name  
Ahlstrom, Lisa  
Street Address (P.O. Box Number is Not Acceptable)  
1401 Forrest Court  
City  
Marco Island  
FL  
Zip Code  
34145

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 *Lisa Ahlstrom P.A.* *Lisa Ahlstrom P.A.*

3/1/2006

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

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

TITLE	D	Delete
NAME	AHLSTROM, LISA	
STREET ADDRESS	806 CHESTNUT COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ahlstrom, Lisa	
STREET ADDRESS	1401 Forrest Court	
CITY-ST-ZIP	Marco Island, Florida 34145	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Lisa Ahlstrom P.A.* *Lisa Ahlstrom P.A.* 3/1/06 2394512004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #