

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90014 045 \*\*\*150.00

66006010



1st MOORE CR2E034 (10/05)

**DOCUMENT # P05000002406**

1. Entity Name

ROBERT G. CHOQUETTE SR., P.A.



Principal Place of Business

1490 N. OAK PARK AVENUE  
AVON PARK FL 33825  
US

Mailing Address

P.O. BOX 474  
AVON PARK FL 33826  
US

2. Principal Place of Business

1490 WILDE STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEL Number

20-2103201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOQUETTE, ROBERT G SR.  
1490 N. OAK PARK AVE  
AVON PARK FL 33825

7. Name and Address of New Registered Agent

Name

Same

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

1490 WILDE STREET

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

Signature, typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when resigning)

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 P ☐ Delete  
NAME CHOQUETTE, ROBERT G SR.  
STREET ADDRESS 1490 N. OAK PARK AVENUE  
CITY- ST- ZIP AVON PARK FL 33825

TITLE VP ☐ Delete  
NAME CHOQUETTE, BETTY J  
STREET ADDRESS 1490 N. OAK PARK AVENUE  
CITY- ST- ZIP AVON PARK FL 33825

TITLE SEC ☐ Delete  
NAME PENNY, LISA M  
STREET ADDRESS 29 E. MONROE AVENUE  
CITY- ST- ZIP AVON PARK FL 33825

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1490 WILDE STREET  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 1490 WILDE STREET  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

*Robert G. Choquette* Betty J. Choquette 1/26/06 (863) 452.6690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



ATTACHMENT

66002679

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2006

ROBERT G. CHOQUETTE SR., P.A.  
P.O. BOX 474  
AVON PARK, FL 33826 US

Subject: **ROBERT G. CHOQUETTE SR., P.A.**

Reference Number: **P05000002406**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH  
ANNUAL REPORTS SECTION

*See attached*