


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90382 029 ***150.00

DOCUMENT # P05000012207			
1. Entity Name MARY ANN JOSH, P.A.			
Principal Place of Business 3015 HORIZON LANE 767 HAMPTON CIRCLE #2700 NAPLES, FL 34109-34105		Mailing Address 3015 HORIZON LANE 767 HAMPTON CIRCLE #2700 NAPLES, FL 34109-34105	
2. Principal Place of Business 767 HAMPTON CIRCLE		3. Mailing Address 767 HAMPTON CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34105 Country USA		Zip 34105 Country USA	
4. FEI Number 20-2222636		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSH, MARY ANN 3015 HORIZON LANE #2700 NAPLES, FL 34109		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 <u>Mary Ann Josh</u> DATE <u>April 18, 06</u> <small>Signature, typed or printed name of registered agent and title (if applicable) Registered Agent Signature (required when for sale g)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSH, MARY ANN 3015 HORIZON LANE #2700 767 HAMPTON CIRCLE NAPLES, FL 34109-34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSH, MARY ANN 767 HAMPTON CIRCLE NAPLES, FL 34105 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Mary Ann Josh</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MARY ANN JOSH		DATE <u>April 18, 06</u> (234) 272 9069 <small>Date Daytime Phone #</small>	

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