


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-07-2006 90022 035 ***150.00

| | | | | | |
|--|---------------------|---------------------------------|---|--|-----------------------------------|
| DOCUMENT # P05000017593 | | | |  | |
| 1. Entity Name PROFESSIONAL PARTNERS FINANCIAL GROUP INC | | | | | |
| Principal Place of Business 7261 BEE RIDGE ROAD SARASOTA, FL 34241 US | | | Mailing Address 7261 BEE RIDGE ROAD SARASOTA, FL 34241 US | | |
| 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 20-248807 | |
| | | | | 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 STRICKLAND, MARGIE 7261 BEE RIDGE ROAD SARASOTA, FL 34241 | | | 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>Margie A. Strickland</u> DATE <u>2/1/06</u> | | | | | |
| <div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div> <div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</div> </div> | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | RANCOURT, DAVE | | NAME | | |
| STREET ADDRESS | 7261 BEE RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STRICKLAND, MARGIE | | NAME | | |
| STREET ADDRESS | 7261 BEE RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STEPHENS, KENNETH | | NAME | | |
| STREET ADDRESS | 7261 BEE RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VEENEMAN, ROBERT | | NAME | | |
| STREET ADDRESS | 7261 BEE RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA, FL 34241 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> 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 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>Dave Rancourt</u> DATE <u>2/1/06</u> DAYTIME PHONE # <u>941-378-7600</u> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

66002794



02012006 Chg-P CR2E034 (11/05)



ATTACHMENT

66002714

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

PROFESSIONAL PARTNERS FINANCIAL GROUP INC
7261 BEE RIDGE ROAD
SARASOTA, FL 34241 US

Subject: **PROFESSIONAL PARTNERS FINANCIAL GROUP INC**

Reference Number:

P05000017593

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.

/rm

ANNUAL REPORTS SECTION