


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90014 040 \*\*\*150.00

**DOCUMENT # P05000019235**

1. Entity Name  
**THE PURDY LAW GROUP, P.A.**



Principal Place of Business      Mailing Address

~~10150 HIGHLAND MANOR DR STE 200~~      ~~10150 HIGHLAND MANOR DR STE 200~~  
~~TAMPA, FL 33610~~      ~~TAMPA, FL 33610~~      *12029 US Hwy 92 E*  
*12029 US Hwy 92 E*  
*Seffner, FL 33584*      *Seffner, FL 33584*

2. Principal Place of Business      3. Mailing Address

*12029 US Hwy 92 E*      *12029 US Hwy 92 E*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Seffner FL*      *Seffner FL*

Zip      Zip      Country      Country

*33584*      *33584*



05132006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For

*20-2345250*      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**PURDY, JAMES K**  
**4803 DUNQUIN PLACE**  
**TAMPA, FL 33610**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PURDY, JAMES K 10150 HIGHLAND MANOR DR STE 200 TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO James K Purdy 12029 US Hwy 92 E Seffner FL 33584	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *James K Purdy*      *15 May 06*      *813-655-4940*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #