

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90129 027 ***150.00

DOCUMENT # P05000020850

1. Entity Name
W. RICHARD ASKUE, JR., P.A.



Principal Place of Business
**6443 NW HALIBUT ST.
PORT ST. LUCIE, FL 34986**

Mailing Address
**6443 NW HALIBUT ST.
PORT ST. LUCIE, FL 34986**

50006248

2. Principal Place of Business
5807 NW ROSE PETAL CT
Suite, Apt. #, etc.

3. Mailing Address
5807 NW ROSE PETAL CT
Suite, Apt. #, etc.

03222006 Chg-P CR2E034 (11/05)

City & State
Port St Lucie FL
Zip
34986 Country
St Lucie

City & State
Port St Lucie
Zip
34986 Country
St Lucie

4. FEI Number
20-236 5810 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, ROBERT D. ESQ.
4700 NW BOCA RATON BLVD., STE. B-201
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name
LINDA L ASKUE
Street Address (P.O. Box Number is Not Acceptable)
5807 NW ROSE PETAL CT
City
Port St Lucie FL Zip Code
34986

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 *Linda L Askue*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/22/2006
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ASKUE, LINDA L.	
STREET ADDRESS	6443 NW HALIBUT ST.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASKUE, W. RICHARD	
STREET ADDRESS	6443 NW HALIBUT ST.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986	
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
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	ASKUE, LINDA L.	
STREET ADDRESS	5807 NW ROSE PETAL CT	
CITY-ST-ZIP	Port St Lucie FL 34986	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASKUE, W. RICHARD	
STREET ADDRESS	5807 NW ROSE PETAL CT	
CITY-ST-ZIP	PORT ST LUCIE FL 34986	
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
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 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: *Linda L Askue, Director* **3/22/06 772-579-6429**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #