

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000043669



1. Entity Name
DEBORAH FROGEL, PA

Principal Place of Business
1642 FARMINGTON CIRCLE
WELLINGTON, FL 33414 US

Mailing Address
1642 FARMINGTON CIRCLE
WELLINGTON, FL 33414 US

2. Principal Place of Business
12853 Guilford Cr

Suite, Apt. #, etc.
3. Mailing Address

City & State
Wellington, Florida

Zip *33414* Country *US*

4. FEI Number
20-2620024

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

6. Name and Address of Current Registered Agent
FROGEL, DEBORAH
1642 FARMINGTON CIRCLE
WELLINGTON, FL 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FROGEL, DEBORAH 1642 FARMINGTON CIRCLE WELLINGTON, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>12853 Guilford Circle Wellington FL 33414</i>
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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: *Deborah Frogel PA* **Date:** *3-10-06* **Daytime Phone #:** *5617918845*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR