


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90149 033 ***150.00

DOCUMENT # P05000044413 1. Entity Name JANE E. CAREY, P.A.					
Principal Place of Business 905 W. COLONIAL DRIVE ORLANDO, FL 32804 US			Mailing Address 905 W. COLONIAL DRIVE ORLANDO, FL 32804 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			05222006 Chg-P CR2E034 (11/05)		
			4. FEI Number 20-2601755		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 CAREY, JANE E 905 W. COLONIAL DRIVE ORLANDO, FL 32804				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: <i>Jane E. Carey</i> (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			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	PRES CAREY, JANE E 905 W. COLONIAL DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>Jane E. Carey</i> JANE E. CAREY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: Daytime Phone #: 407-4252008		

50020718



ATTACHMENT
JANE ELIZABETH CAREY
Attorney at Law

50220718
050000044413

The Ashford-Gainer Building
905 West Colonial Drive
Orlando, Florida 32804

(407) 425-2508/423-3167
Fax: (407) 423-1863

May 4, 2006

Division of Corporation
P.O. Box Corporation
Tallahassee, Florida 32314

To Whom It May Concern:

I did not receive the Annual Report Notice in the following corporations:

~~Jane Carey, PA~~
~~Rasco Gainer, Sr. Funeral Home, Inc.~~
Jane E. Carey, P.A.
Carey Gainer Family Holding Company

Sincerely,

Jane E. Carey, Esquire

please waive the late fee



ATTACHMENT 50020718
#P050000044413
Division of Corporations

Annual Report

Annual Report Help

Document Number

P05000044413

Business Entity Name

JANE E. CAREY, P.A.

☐ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number	
FEI Number Status	<input checked="" type="radio"/> Listed Above <input type="radio"/> Applied For <input type="radio"/> Not Applicable
Certificate of Status Desired	<input type="radio"/> Yes <input checked="" type="radio"/> No \$8.75 each
Election Campaign Financing Trust Fund Contribution	<input type="radio"/> Yes <input checked="" type="radio"/> No

Principal Place of Business

Address	905 W. COLONIAL DRIVE		
Suite, Apt. #, etc.			
City, State	ORLANDO	FL	
Zip Code & Country	32804	US	

Mailing Address

Address	905 W. COLONIAL DRIVE		
Suite, Apt. #, etc.			
City, State	ORLANDO	FL	
Zip Code & Country	32804	US	

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	CAREY	JANE	E	
- OR -				
Business to serve as RA				
Address (PO Box is not acceptable)	905 W. COLONIAL DRIVE			
Suite, Apt. #, etc.				
City, State	ORLANDO	FL		
Zip Code & Country				

ATTACHMENT

32804

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PRES
Name (Last, First, Middle, Title)	CAREY JANE E
- OR -	
Entity Name to serve as Officer/Director	
Street Address	905 W. COLONIAL DRIVE
City, State	ORLANDO FL
Zip Code & Country	32804 US
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	

ATTACHMENT

P050000344713

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that