


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90001 012 \*\*\*150.00

|  |  |     |  |   |  |
|--|--|-----|--|---|--|
| <b>DOCUMENT # P05000045707</b><br>1. Entity Name<br><b>BETSY S. SINGER, P.A.</b>   |  |     |  |    |  |
| Principal Place of Business<br><b>3406 WEST MULLEN AVENUE<br/>TAMPA FL 33609<br/>US</b>  |  |     | Mailing Address<br><b>3406 WEST MULLEN AVENUE<br/>TAMPA FL 33609<br/>US</b>                      |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  |     | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   |  |
| City & State   |  |     | City & State   |   |  |
| Zip  | Country  | Zip | Country  | 4. FEI Number <b>902566530</b> <div style="float: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applicable         </div>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |     |  | 6. Name and Address of Current Registered Agent<br><br><b>SINGER, BETSY S ESQ.<br/>3406 W. MULLEN AVE.<br/>TAMPA FL 33609</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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.<br><br>SIGNATURE _____ DATE _____<br><small>(NOTE: Registered Agent signature required when re-registering)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                     |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>SINGER, BETSY S ESQ.<br>3406 W. MULLEN AVE.<br>TAMPA FL 33609 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Delete</div>  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Betsy Singer</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |     | 1/26/2006 <span style="float: right;">813 220 1177</span><br><small>Date Daytime Phone #</small> |   |  |



ATTACHMENT

40017289

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2006

BETSY S. SINGER, P.A.  
3406 WEST MULLEN AVENUE  
TAMPA, FL 33609 US

Subject: BETSY S. SINGER, P.A.

Reference Number: P05000045707

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

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.

/JE

ANNUAL REPORTS SECTION

Sorry -  
here is the  
check. Many  
thanks  
Betsy D