
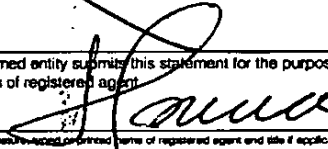
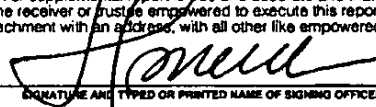


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90306 016 ***150.00

DOCUMENT # P05000046322 1. Entity Name JASON M TOLLAS, PA					
Principal Place of Business 14020 W. HYDE PARK DR. # 201 FORT MYERS, FL 33912			Mailing Address 14020 W. HYDE PARK DR. # 201 FORT MYERS, FL 33912		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEJ Number <div style="font-size: 1.5em; font-weight: bold;">20-2575333</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SUSAN HOLLY, CPA, PA 21300 LANCASTER RUN SUITE 921 ESTERO, FL 33928			7. Name and Address of New Registered Agent Name JASON TOLLAS Street Address (P.O. Box Number is Not Acceptable) 14020 W. HYDE PARK DR # 201 City Ft Myers FL Zip Code 33912		
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: 4/16/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! - FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	P TOLLAS, JASON M 14020 W. HYDE PARK DR. # 201 FORT MYERS, FL 33912		<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"/> 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 118, 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: 			4/16/06 (239) 410-0826 <small>Date Daytime Phone #</small>		