


FILED
Apr 03, 2006 8:00 am
Secretary of State

03-15-2006 90104 013 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000050034			
1. Entity Name ROBERT KEITH BUCHANAN, P.A.			
Principal Place of Business 213 BURNING TREE DR NAPLES, FL 34105		Mailing Address 213 BURNING TREE DR NAPLES, FL 34105	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 34-2044381		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHANAN, ROBERT KEITH 213 BURNING TREE DR NAPLES, FL 34105		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 BUCHANAN, ROBERT KEITH 213 BURNING TREE DR NAPLES, FL 34105 <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>Robert Keith Buchanan</i> P.A.		Date: <i>2/28/06</i>	

ATTACHMENT
66008 250
#P05000050034

PARKER & ASSOCIATES

3078 N. TAMiami TRAIL, SUITE 200
NAPLES, FLORIDA 34103
PHONE (239) 262-2279
FAX (239) 262-3766

March 27, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Robert Keith Buchanan, PA – Request for Federal I.D. #
Ref # P05000050034

Attn:

Enclosed please find the 2006 For Profit Corporation Annual Report for Robert Keith Buchanan, P.A. which has been corrected to reflect the FEI # in Box 4 of the report.

Sorry for the inconvenience.

Sincerely,



Larry Parker, Tax Accountant