2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2006 8:00 am Secretary of State

DOCUMENT # P05000059008 1. Entity Name MICHAEL L. MORGAN, P.A.					01-09-2006	90034 007	7 ***150).00
Principal Place	ce of Business	Mailing Address 2364 FRUITVILLE RD		,	,			
SARASOTA, FL 34237 SARASOTA, FL 34237					(II 80:0) Oliti Baril Golis da		881H 881R1 191	(IB 2 1 I) (BB)
2. Principal Place of Business 2364 Fruitville Road 2364 Fruitvill			ille Road					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0103200	6 Chg-P	CR2E034	1 (11/05)	
City & State Sarasota, FL 34237		City & State Sarasota, FL 34237		4. FEI Nun 20-27	16471			oplied For ot Applicable
Zip	Country	Zip	Country	5. Certifica	te of Status Desired		8.75 Add e Require	
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New I	Registered Ag	ent	
MORGAN, MICHAEL L				Name Street Address (P.O. Box Number is Not Acceptable)				
2772 GREENDALE DRIVE SARASOTA, FL 34242-3702								
			City			FL	Zip Code	9
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or	registered agent, or	ooth, in the State of Fl	lorida. I am far	niliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered Agent signatu	re required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees				
	ay 1, 2006 Fee will be \$550. OFFICERS AND	OO Trust Fund Contr		Added to Fees	S/CHANGES TO OF	FICERS AND D	DIRECTORS	3 IN 11
After Market Mar	officers and	OO Trust Fund Contr	11.	Added to Fees	S/CHANGES TO OF		DIRECTORS	S IN 11
After M	ay 1, 2006 Fee will be \$550. OFFICERS AND	OO Trust Fund Contr	ibution.	Added to Fees	S/CHANGES TO OF			
After Ma	officers and D MORGAN, MICHAEL L	OD Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	S/CHANGES TO OF	,	Change	☐ Addition
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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.

Michael L. Mongan, P. A.

SIGNATURE: By:

WICHAEL L. Mongan, P. A.

(941) 953-4555

Date Daytime Phone #