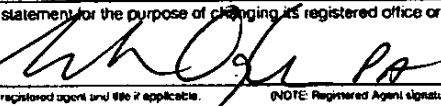
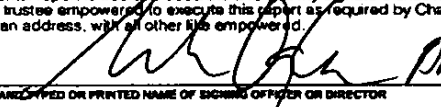


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 044 ***550.00

DOCUMENT # P05000061384			
1. Entity Name MARK OGLES, P.A.			
Principal Place of Business 504 137TH STREET WEST BRADENTON, FL 34202		Mailing Address 504 137TH STREET WEST BRADENTON, FL 34202	
2. Principal Place of Business 803 Fairway Cove Lane #103		3. Mailing Address 2840 Manatee Ave E	
Suite, Apt. #, etc. #103		Suite, Apt. #, etc.	
City & State BRADENTON FL		City & State BRADENTON FL	
Zip 34202	Country MANATEE	Zip 34208	Country MANATEE
4. FEI Number 20-2747862		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OGLES, MARK 504 137TH STREET WEST BRADENTON, FL 34202		7. Name and Address of New Registered Agent Name OGLES, MARK Street Address (P.O. Box Number is Not Acceptable) 2840 MANATEE AVE E City BRADENTON FL Zip Code 34208	
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 7/25/06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 OGLES, MARK 504 137TH STREET WEST BRADENTON, FL 34202 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGLES, MARK 2840 manatee Ave E BRADENTON, FL 34208 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 filers empowered.			
SIGNATURE: 		DATE 7/24/06 DAYTIME PHONE # 941-747-9019	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mark Ogles PA			