


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90382 044 ***158.75

DOCUMENT # P05000078262


1. Entity Name
LAJEUNE TARA RICHARDSON, P.A.



Principal Place of Business 164 LAPASADA CIRCLE S PONTE VEDRA BEACH, FL 32082	Mailing Address 164 LAPASADA CIRCLE S PONTE VEDRA BEACH, FL 32082
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2. Principal Place of Business 164 Lapasada Cirs	3. Mailing Address 164 Lapasada Cirs
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ponte Vedra Beh, FL	City & State Ponte Vedra Beh, FL
Zip 32082	Zip 32082
Country St. Johns	Country St. Johns



02062006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**RICHARDSON, LAJEUNE T
 164 LAPASADA CIRCLE S
 PONTE VEDRA BEACH, FL 32082**

4. FEI Number
16-1726155

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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	DPST RICHARDSON, LAJEUNE T 164 LAPASADA CIRCLE S PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Lajeune T. Richardson DATE: 4/27/06 DAYTIME PHONE #: 904-588-3924