

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2006 8:00 am
Secretary of State

07-26-2006 90001 016 ***158.75

DOCUMENT # P05000080436

1. Entity Name
MARY KATE THOMAS, P.A.



Principal Place of Business
**13288 SW 114TH TERRACE
MIAMI, FL 33186**

Mailing Address
**13288 SW 114TH TERRACE
MIAMI, FL 33186**

50023185

2. Principal Place of Business
**3209 58TH ST. S.
Suite, Apt. #, etc.
137**

3. Mailing Address
**3209 58TH ST. S.
Suite, Apt. #, etc.
137**



07232006 Chg-P CR2E034 (11/05)

City & State
Gulfport, FL
Zip
33707
Country
USA

City & State
Gulfport, FL
Zip
33707
Country
USA

4. FEI Number
20-2960132
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, DONALD D JR.
9500 S DADELAND BLVD STE 700
MIAMI, FL 33156**

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

Mary Kate Thomas, PA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
THOMAS, MARY K
1550 BRICKELL AVE APT 409A
MIAMI, FL 33159** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

Mary Kate Thomas, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/24/06

ATTACHMENT

50023185
#P05000080436

Mary Kate Thomas, P.A.
13288 S.W. 114th Terrace
Miami, Florida 33186
(305) 609-1303

June 23, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

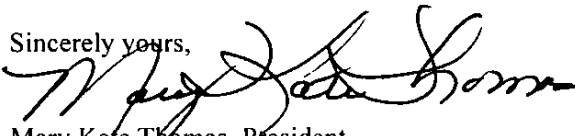
Re: Mary Kate Thomas, P.A.
FEI Number: 20-2960132

Dear Sir or Madam:

Please be advised that I did not receive the 2006 Annual Corporation Renewal Notice for my corporation, Mary Kate Thomas, P.A.. I request that you waive the penalty fee of \$400.00, and accept my enclosed check of \$150.00.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely yours,



Mary Kate Thomas, President
Mary Kate Thomas, P.A.