FILED
Jun 12, 2006 8:00 am
Secretary of State
05-02-2006 90423 015 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000082006

1. Entity Name
THE LAW OFFICES OF THEODORE F. ZENTNER, P.A.

66018515

Principal Place of Business	Mailing Address
~~211 N. LIBERTY STREET~~ SUITE 2 ~~JACKSONVILLE, FL 32202~~	~~211 N. LIBERTY STREET~~ SUITE 2 ~~JACKSONVILLE, FL 32202~~

2. Principal Place of Business	3. Mailing Address
220 S RIDGEWOOD AV	220 S RIDGEWOOD AV
Suite, Apt. #, etc.: SUITE 250	Suite, Apt. #, etc.: SUITE 250
City & State: DAYTONA BCH FL	City & State: DAYTONA BCH FL
Zip: 32114 Country: USA	Zip: 32114 Country: USA

04242006 Chg-P CR2E034 (11/05)

4. FEI Number: 20-2941695 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZENTNER, THEODORE F	Name:
	Street Address (P.O. Box Number is Not Acceptable): 220 S RIDGEWOOD AV #250
	City: DAYTONA BCH FL Zip Code: 32114

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 ______________________
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
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	P THEODORE F ZENTNER 220 S RIDGEWOOD AVE STE 250 DAYTONA BEACH FL 32114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. THEODORE F ZENTNER 220 S RIDGEWOOD AVE STE 250 DAYTONA BEACH FL 32114 ☐ 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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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: Theodore F Zentner 4-24-06 386-2528118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #