

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 16 AM 8:10



DOCUMENT # P05000089555			
1. Entity Name ANN PATRICIA CUSA, P.A.			
Principal Place of Business 8446 SW FOXPOINT TRAIL PALM CITY, FL 34990		Mailing Address 8446 SW FOXPOINT TRAIL PALM CITY, FL 34990	
2. Principal Place of Business 2446 SW Foxpoint		3. Mailing Address 2446 SW Foxpoint	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm City FL		City & State Palm City FL	
34990 USA		34990 USA	
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUSA, ANN 8446 SW FOXPOINT TRAIL PALM CITY, FL 34990		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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 8/1/06	
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P CUSA, ANN 2446 SW FOXPOINT TRAIL PALM CITY, FL 34990		900078885569 08/18/06--01045--020 **158.75	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		Change Addition	
Delete		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 		DATE 8/1/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2006

ANN PATRICIA CUSA, P.A.  
2446 SW FOXPOINT TRAIL  
PALM CITY, FL 34999

SUBJECT: ANN PATRICIA CUSA, P.A.  
Ref. Number: P05000089555

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 106A00047997

\* I am enclosing the 150.00 plus the 8.75 for certification of status. I am not enclosing the 400.00 late fee as I never received the annual report notice. Hence the wrong address it was sent to. I have gone back to check my legal records, and it says 2446. This is an error on



your behalf. Please correct

Thank you—

Ann Cuse