

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90124 018 \*\*\*150.00

<b>DOCUMENT # P05000117375</b> 1. Entity Name <b>JOHN CHARLES CRONAUER, P.A.</b>																																			
Principal Place of Business <b>3504 WEST AMANADA COURT JACKSONVILLE, FL 32259</b>		Mailing Address <b>3504 WEST AMANADA COURT JACKSONVILLE, FL 32259</b>																																	
2. Principal Place of Business <b>152 SE VICTORIA GLEN</b> Suite, Apt. #, etc.		3. Mailing Address <b>152 SE VICTORIA GLEN</b> Suite, Apt. #, etc.																																	
City & State <b>LAKE CITY, FL</b> Zip Country <b>32025</b>		City & State <b>LAKE CITY, FL</b> Zip Country <b>32025</b>																																	
4. FEI Number <b>75-3200128</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent  <b>CRONAUER, JOHN C 3504 WEST AMANADA COURT JACKSONVILLE, FL 32259</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>152 SE VICTORIA GLEN</b> City <b>LAKE CITY</b> FL Zip Code <b>32025</b>																																	
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 <u><b>JOHN C. CRONAUER</b></u> <u><b>JOHN C. CRONAUER</b></u> <u><b>4/18/06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>DP CRONAUER, JOHN C 3504 WEST AMANADA COURT JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CRONAUER, JOHN C 3504 WEST AMANADA COURT JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>152 SE VICTORIA GLEN LAKE CITY, FL. 32025</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>152 SE VICTORIA GLEN LAKE CITY, FL. 32025</b>														
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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: <u><b>JOHN C. CRONAUER</b></u> <u><b>JOHN C. CRONAUER</b></u> <u><b>4/18/06</b></u> <u><b>904/813-9829</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																			