

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90103 015 ***158.75

DOCUMENT # P05000119612 1. Entity Name THE LAW OFFICES OF MONICA L. STRICKLAND, P.A.					
Principal Place of Business 4021 N AMENIA AVE STE 103 TAMPA, FL 33607			Mailing Address 4021 N AMENIA AVE STE 103 TAMPA, FL 33607		
2. Principal Place of Business Suite, Apt. #, etc. P.O. Box 271005			3. Mailing Address Suite, Apt. #, etc. 2905 Cedaridge Dr		
City & State Tampa, Florida			City & State Tampa, Florida		
Zip 33688-1005		Country U.S.		4. FEI Number 56-2529487	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name monica L. Strickland, Esquire Street Address (P.O. Box Number is Not Acceptable) 2905 Cedaridge Drive City Tampa FL Zip Code 33618		
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><i>Monica L. Strickland, Esquire</i></u> 13 JAN 06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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	PSTD STICKLAND, MONICA L 4021 N AMENIA AVE STE 103 TAMPA, FL 33607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD monica L. Strickland 2905 Cedaridge Drive Tampa, Florida 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 approved.					
SIGNATURE: <i>Monica L. Strickland, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			13 JAN 06 (813) 957-3131 <small>Date Daytime Phone #</small>		