

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000119848

1. Entity Name

TARA PASCOTTO PALUCK, P.A.



**FILED
Apr 14, 2006 8:00 am
Secretary of State**

04-14-2006 90149 018 ***150.00

50012109



01192006 Chg-P CR2E034 (11/05)

Principal Place of Business
1601 JACKSON STREET
203
FORT MYERS, FL 33901

Mailing Address

P.O. BOX 2527
FORT MYERS, FL 33901

2. Principal Place of Business
1408 Bayview Ct.

3. Mailing Address

PO Box 968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT MYERS, FL

City & State

Zip 33901

Country US

Zip 33902

Country US

6. Name and Address of Current Registered Agent

PALUCK, TARA P
1601 JACKSON STREET
203
FORT MYERS, FL 33901

Name PALUCK, TARA P

Street Address (P.O. Box Number is Not Acceptable)

1408 Bayview Ct

City FT MYERS

FL

Zip Code 33901

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)

4/12/06

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 P
NAME PALUCK, TARA P
STREET ADDRESS 1601 JACKSON STREET, SUITE 203
CITY-ST-ZIP FORT MYERS, FL 33901

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

1408 Bayview Ct
FT MYERS, FL 33901

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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CITY-ST-ZIP

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Change Addition

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Delete

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Tara R. Paluck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

Daytime Phone #