

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90034 011 ***150.00

DOCUMENT # P05000129316 1. Entity Name KRISTI D. OPPELT, P.A.			
Principal Place of Business 2310 HONEYBROOK CREEK DRIVE MELBOURNE, FL 32935 <i>CHANGE ↑</i>		Mailing Address 717 EAST OAK STREET KISSIMMEE, FL 34744 <i>CHANGE ↑</i>	
2. Principal Place of Business Suite, Apt. #, etc. 4463 Long Lake Rd.		3. Mailing Address Suite, Apt. #, etc. Kristi D. Oppelt 4463 Long Lake Rd.	
City & State Melbourne, FL		City & State Melbourne, FL	
Zip 32934 Country USA		Zip 32934 Country USA	
4. FEI Number 20-3494719		Applied For <input checked="" 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 OPPELT, KRISTI D 2310 HONEYBROOK CREEK DRIVE MELBOURNE, FL 32935		7. Name and Address of New Registered Agent Name Kristi D. Oppelt Street Address (P.O. Box Number is Not Acceptable) 4463 Long Lake Rd. City Melbourne FL Zip Code 32934	
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 <i>Kristi D. Oppelt</i> (address change only) DATE 2-13-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	PSD OPPELT, KRISTI D 2310 HONEYBROOK CREEK DRIVE MELBOURNE, FL 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD OPPELT, KRISTI D 4463 LONG LAKE RD. MELBOURNE FL 32934
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
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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: <i>Kristi D. Oppelt</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 2-13-06 Daytime Phone # 321-652-0399	