

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90126 004 ***150.00

DOCUMENT # P05000135039

1. Entity Name
CANDACE SYLVIA PRESTON, P.A.



Principal Place of Business
**228 N 6TH AVE
WAUCHULA, FL 33873**

Mailing Address
**PO BOX 609
WAUCHULA, FL 33873-0609**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-3568916

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRESTON, CANDACE S
228 N. 6TH AVE
WAUCHULA, FL 33873**

7. Name and Address of New Registered Agent

Name **Candace Sylvia Preston**

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

**228 N. 6th Ave
Wauchula, FL 33873**

City

FL 33873

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

Candace S. Preston

3-1-2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **P**
NAME **PRESTON, CANDACE S**
STREET ADDRESS **228 N. 6TH AVE, #609**
CITY-ST-ZIP **WAUCHULA, FL 33873**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **Preston, Candace S**
STREET ADDRESS **228 N 6th Ave**
CITY-ST-ZIP **Wauchula, FL 33873**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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:

Candace S. Preston

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-1-06