

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90016 037 ***150.00

DOCUMENT # P05000141125 1. Entity Name LAW OFFICE OF DANIEL J. DYER, P.A.																																									
Principal Place of Business 110 WEST REYNOLDS STREET SUITE 213 PLANT CITY, FL 33563			Mailing Address 110 WEST REYNOLDS STREET SUITE 213 PLANT CITY, FL 33563																																						
2. Principal Place of Business 802 W. DR. M.L. KING JR. BLVD. SUITE D PLANT CITY, FL		3. Mailing Address (SAME)																																							
Suite, Apt. #, etc. SUITE D		Suite, Apt. #, etc. (SAME)																																							
City & State PLANT CITY, FL		City & State (SAME)																																							
Zip 33563		Zip 33563		Country USA																																					
Country USA		Country USA		4. FEI Number 20-3051344																																					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																					
6. Name and Address of Current Registered Agent DYER, DANIEL J 1503 TOZIER PL. PLANT CITY, FL 33653			7. Name and Address of New Registered Agent Name DANIEL J. DYER Street Address (P.O. Box Number is Not Acceptable) 802 W. DR. M.L. KING JR. BLVD. SUITE D PLANT CITY, FL 33563																																						
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)																																									
FILE NOW!!! - FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																					
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%;"> D DYER, DANIEL J 1503 TOZIER PL. PLANT CITY, FL 33653 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYER, DANIEL J 1503 TOZIER PL. PLANT CITY, FL 33653		<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%;"> PRESIDENT DYER, DANIEL J 802 W. DR. M.L. KING JR. BLVD. SUITE D PLANT CITY, FL 33563 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DYER, DANIEL J 802 W. DR. M.L. KING JR. BLVD. SUITE D PLANT CITY, FL 33563		<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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 5/10/06 813773320 Daytime Phone #																																					