


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90074 005 ***150.00

DOCUMENT # P05000142068	
1. Entity Name LAW OFFICES OF JOSEPH A. POBLICK, P.A.	

Principal Place of Business 6154 FORT KING HIGHWAY ZEPHYRHILLS, FL 33542	Mailing Address 6154 FORT KING HIGHWAY ZEPHYRHILLS, FL 33542
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2. Principal Place of Business 6244 Gall Blvd.	3. Mailing Address 6244 Gall Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Zephyrhills, FL	City & State Zephyrhills
Zip 33542	Zip 33542
Country Pasco	Country Pasco

6. Name and Address of Current Registered Agent

**POBLICK, JOSEPH A
6154 FORT KING HIGHWAY
ZEPHYRHILLS, FL 33542**

05042006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3773658

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name **Joseph A. Pobllick**
Street Address (P.O. Box Number is Not Acceptable)
6244 Gall Blvd.
City **Zephyrhills** **FL** Zip Code **33542**

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  DATE **5-4-06**
(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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POBLICK, JOSEPH A 6154 FORT KING HIGHWAY ZEPHYRHILLS, FL 33542 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pobllick, Joseph A. 6244 Gall Blvd. Zephyrhills, FL 33542 <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.

 **5-4-06**