



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90016 028 ***150.00

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|--|---|---|--|--|--|
| DOCUMENT # P05000153680 1. Entity Name PETER R. RAY, P.A. | | | |  | |
| Principal Place of Business 712 U.S. HIGHWAY ONE STE 400 NORTH PALM BEACH, FL 33408 | | | Mailing Address 712 U.S. HIGHWAY ONE STE 400 NORTH PALM BEACH, FL 33408 | | |
| 2. Principal Place of Business 712 U.S. HWY 1 Suite, Apt. #, etc. Ste 400 City & State N.P.B. FL Zip 33408 | | 3. Mailing Address 712 U.S. HWY 1 Suite, Apt. #, etc. Ste 400 City & State N.P.B. FL Zip 33408 | | 40017047  | |
| 02092006 Chg-P CR2E034 (11/05) | | 4. FEI Number 06-1761267 | | Applied For <input 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 RAY, PETER R 712 U.S. HIGHWAY ONE STE 400 NORTH PALM BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div> | | | | | |
| 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 D STREET ADDRESS CITY-ST-ZIP | Peter R. Ray 712 U.S. Hwy 1, Ste. 400 N.P.B. FL 33408 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <div style="float: right;"> <small>Date</small> _____ <small>Daytime Phone #</small> _____ </div> | | | | | |

ATTACHMENT

40017047

#05000153680

COHEN, NORRIS, SCHERER
WEINBERGER & WOLMER

ATTORNEYS AT LAW

February 17, 2006

GARY J. COHAN*
FRED C. COHEN, P.A.**
GREGORY R. COHEN
BERNARD A. CONKO[*]**
RYAN S. COPPLE
DOMINIC S. LIBERI*
RICHARD J. MEEHAN*
ALFRED G. MORICI*
DAVID B. NORRIS, P.A.
PETER R. RAY
M. RICHARD SAPIR, P.A.
KENNETH J. SCHERER, P.A.
KYLE A. SILVERMAN*
JAMES S. TELEPMAN***
ROBERT M. WEINBERGER, P.A.
BRENT G. WOLMER, P.A.

*Of Counsel

**Board Certified Real Estate

***Board Certified Business Litigation

Department of State
Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: **PETER R. RAY, P.A.**
2006 Uniform Business Reports

Dear Sir/Madam:

Enclosed please find the above referenced annual report for said entity together with the attached check in the applicable amount of \$150.00 for the filing fee to cover the cost of filing the entity. Please file same as required. Thank you for your assistance in this matter.

Very truly yours,

for *Amanda Lewis*
Larissa K. Lincoln
Legal Assistant

2006UBRPeterRRayPADOS

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

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