


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90025 016 \*\*\*150.00

<b>DOCUMENT # P05000155643</b> 1. Entity Name <b>RICKY NATTIEL, P.A.</b>					
Principal Place of Business <b>1918 SE 17TH ST OCALA, FL 34471</b>			Mailing Address <b>1918 SE 17TH ST OCALA, FL 34471</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b> <b>BUTKIEWICZ, FONDA R</b> <b>1918 SE 17TH ST</b> <b>OCALA, FL 34471</b>					
<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____					
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>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BUTKIEWICZ, FONDA R</b> <b>1918 SE 17TH ST</b> <b>OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>NATTIEL, RICKY</b> <b>1918 SE 17TH ST</b> <b>OCALA, FL 34471</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BUTKIEWICZ, JAMES R</b> <b>1918 SE 17TH ST</b> <b>OCALA, FL 34471</b> <input type="checkbox"/> Delete		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	
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	
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>James R. Bug</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



05082006 Chg-P CR2E034 (11/05)

4. FEI Number **16-1744601**  
☐ Applied For  
☐ Not Applicable

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

**FL** Zip Code

*5-9-06*

Date Daytime Phone #

ATTACHMENT  
PO 5000155643  
**DUGGAN, JOINER & COMPANY**  
CERTIFIED PUBLIC ACCOUNTANTS

40091535

FRANK E. STAFFORD, JR., C.P.A.\*  
EDWARD J. FURMAN, C.P.A.\*  
O.H. DANIELS, JR., C.P.A.\*, CFP  
R. PHILLIP BLEDSOE, C.P.A.\*, CFP  
CAROLE A. WRIGHT, C.P.A.\*  
ANNETTE C. FURMAN, C.P.A.\*  
LAURA J. ALLEN, C.P.A.\*, CFP  
JAMIE S. HAMPY, C.P.A.\*  
PATRICIA A. LANCASTER, C.P.A.\*, CFP



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FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

\* REGULATED BY THE STATE OF FLORIDA

JULIE A. POOLE, C.P.A.\*  
LEIGH ANN SAPUTO, C.P.A.\*  
SHEILA A. BARTCZAK, C.P.A.\*  
GWYNNE M. LEWIS, C.P.A.\*  
JEREMY P. APPELGATE, C.P.A.\*  
STEPHEN J. ANTOINE, C.P.A.\*  
MALCOLM R. DUGGAN, JR., RETIRED  
CHARLES D. JOINER, JR., 4/23/28-12/12/00  
WAYNE J. BIRKENMEYER, RETIRED

May 9, 2006

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Ricky Nattiel, P.A. (FEI #16-1744601)**  
**2006 For Profit Corporation Annual Report**

To Whom It May Concern:

Ricky Nattiel, P.A., a for profit corporation, was established in November 2005. Recently, our firm was contacted by an officer of Ricky Nattiel, P.A. to provide accounting services for the new corporation. We were contacted after the May 1 annual report filing deadline, at which time we informed our new client that an annual report form should have been filed for the year 2006.

The corporation is a new business that began operations in January 2006, and our client was not aware that an annual report had to be filed prior to May 1. We have enclosed the 2006 annual report and the \$150 filing fee, and we respectfully request that the \$400 penalty be abated because the officers just started the corporation and were not aware of the filing requirements for the annual report. We appreciate your consideration.

Sincerely,

*Sheila A. Bartczak*

Sheila A. Bartczak  
Certified Public Accountant

Enclosures