

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P93000006267**

1. Entity Name

SYPRETT, MESHAD, RESNICK, LIEB, DUMBAUGH,  
JONES, KROTEC & WESTHEIMER, P.A.



Principal Place of Business

1900 RINGLING BLVD.  
SARASOTA, FL 34236

Mailing Address

1900 RINGLING BLVD.  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0381763

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DUMBAUGH, JOHN D  
1900 RINGLING BLVD  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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)

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**

000000532455  
05/06/06-80085-012 150.00

10. OFFICERS AND DIRECTORS

TITLE D  
NAME SYPRETT, JIM D  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE D  
NAME MESHAD, JOHN W  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE DP  
NAME RESNICK, MICHAEL L  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE DVP  
NAME LIEB, M J JR  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE DVPS  
NAME DUMBAUGH, JOHN D  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

TITLE DVPT  
NAME JONES, TERESA D  
STREET ADDRESS 1900 RINGLING BLVD  
CITY-ST-ZIP SARASOTA, FL

**DO NOT WRITE  
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

*John D. Dumbaugh*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-06 941-365-7171  
Date Daytime Phone #