


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90375 025 \*\*\*150.00

DOCUMENT # P93000019060					
1. Entity Name SUSAN FROMAN, P.A.					
Principal Place of Business <del>145 WILLOW POND LANE</del> PONTE VEDRA BEACH, FL 32082			Mailing Address <del>145 WILLOW POND LANE</del> PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business <u>24615 Harbour View</u>		3. Mailing Address <u>24615 Harbour View Dr</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <u>Ponte Vedra Beach</u>		City & State <u>Ponte Vedra Beach</u>		4. FEI Number 59-3169292	
Zip <u>32082</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  FROMAN, SUSAN 24615 HARBOUR VIEW DR PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST FROMAN, SUSAN 24615 HARBOUR VIEW DR PONTE VEDRA BEACH, FL 32082 <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: <u>Susan Froman</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>3/30/06</u> <u>904 273 3996</u> Date Daytime Phone #		

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