


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000063618 1. Entity Name ANTHONY W. PALMA, P.A.	
---	---

Principal Place of Business 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	Mailing Address 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE. SUITE 1100 ORLANDO, FL 32801	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PALMA, ANTHONY W 390 N. ORANGE AVE., STE. 1100 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS 2/14/04

**DO NOT WRITE
IN THIS SPACE**

90006361819
02/22/06--01026--028 **150.00

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 another like empowered.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANTHONY W. PALMA, PRESIDENT	2/12/06 Date	407.839.4200 Daytime Phone #
---	------------------------	--