


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90189 033 ***150.00

DOCUMENT # P93000086899 1. Entity Name ROBERTA G. STANLEY, P.A.					
Principal Place of Business 600 WEST HILLSBORO SUITE 510 DEERFIELD BEACH, FL 33441 US			Mailing Address 600 WEST HILLSBORO SUITE 510 DEERFIELD BEACH, FL 33441 US		
2. Principal Place of Business 350 Jim Moran Blvd Suite, Apt. #, etc. Suite 220 City & State Deerfield Beach, FL Zip 33442		3. Mailing Address 350 Jim Moran Blvd Suite, Apt. #, etc. Suite 220 City & State Deerfield Beach, FL Zip 33442		4. FEI Number 65-0452842 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STANLEY, ROBERTA G 600 WEST HILLSBORO BLVD SUITE 510 DEERFIELD BEACH, FL 33441			7. Name and Address of New Registered Agent Name Stanley, Roberta G Street Address (P.O. Box Number is Not Acceptable) 350 Jim Moran Blvd Suite 220 City Deerfield Beach FL Zip Code 33442		
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 _____					
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 STREET ADDRESS CITY-ST-ZIP	PSD STANLEY, ROBERTA G 600 W. HILLSBORO BLVD. SUITE 510 DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 350 Jim Moran Blvd, Ste 220 Deerfield Beach, FL 33442	
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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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 line empowered.					
SIGNATURE: _____ <small>SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/26/06 <small>Daytime Phone #</small>		