

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000003725

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: FLORIDA CORPORATE, INC.

**Current Principal Place of Business:**

1745 W FLETCHER  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1745 W. FLETCHER AVE.  
TAMPA, FL 33604 US

**New Mailing Address:**

FEI Number: 59-3219138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALTER, CLIFFORD L  
802 11TTH ST W.  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LEVINE, ABNER  
Address: 16858 RIVER BIRCH CIRCLE  
City-St-Zip: DELRAY BEACH, FL

Title: D ( ) Delete  
Name: LEVINE, MILDRED  
Address: 16858 RIVER BIRCH CIRCLE  
City-St-Zip: DELRAY BEACH, FL

Title: P ( ) Delete  
Name: LEVIN, RICHARD  
Address: 584 HORBLOWER LANE  
City-St-Zip: LONGBOAT KEY, FL

Title: VAST ( ) Delete  
Name: RICE, SUZANNE  
Address: 1733 W. FLETCHER AVE  
City-St-Zip: TAMPA, FL

Title: VATS ( ) Delete  
Name: LEVIN, STEVEN  
Address: 1733 W. FLETCHER AVE  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE L. RICE

VP

04/25/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date