

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90153 046 ***150.00

DOCUMENT # P94000015108

1. Entity Name
SOMERS AND COMPANY, INC.



Principal Place of Business
**1530 MCMULLEN BOOTH ROAD, STE. D-11
CLEARWATER, FL 34619**

Mailing Address
**1530 MCMULLEN BOOTH ROAD, STE. D-11
CLEARWATER, FL 34619**

50020905



2. Principal Place of Business
1530 McMullen Booth Rd

3. Mailing Address

Suite, Apt. #, etc.
Suite D-3

Suite, Apt. #, etc.

City & State
Clearwater FL

City & State

Zip
33759

Country
USA

Zip

Country

05192006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3232630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOMERS, JILL
1530 MCMULLEN BEACH, SUITE D-11
CLEARWATER, FL 33759**

Name
Somers Jill

Street Address (P.O. Box Number is Not Acceptable)
1530 McMullen Booth Rd

Suite D-3

City
Clearwater

FL

Zip Code
33759

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 **Jill Somers**

Signature, typed or printed name of registered agent and title if applicable.

Jill Somers

(NOTE: Registered Agent signature required when reinstating)

6/2/06

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

**S
SOMERS, JILL
1530 MCMULLEN BOOTH ROAD, STE. D-11
CLEARWATER, FL 34619**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**Somers, Jill
1530 McMullen Booth Rd Suite D-3
Clearwater FL 33759**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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 like empowered.

SIGNATURE:

Jill Somers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jill Somers

Date

727-726-8181

Daytime Phone #