


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

01-30-2006 90060 040 ***150.00

DOCUMENT # P94000029635			
1. Entity Name PAUL G. REISS, INC.			
Principal Place of Business 1950 BLUE HERON WAY PALM HARBOR, FL 34683		Mailing Address 1950 BLUE HERON WAY PALM HARBOR, FL 34683	
2. Principal Place of Business		3. Mailing Address 31940 U.S. 19 N.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PALM HARBOR FL	
Zip	Country	Zip	Country
		34684	U.S.
4. FEI Number 59-3243811		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
REISS, PAUL G 1950 BLUE HERON WAY PALM HARBOR, FL 34683			
7. Name and Address of New Registered Agent			
Name PAUL G. REISS, PAUL G			
Street Address (P.O. Box Number is Not Acceptable) 31940 U.S. 19 N			
City PALM HARBOR NY FL Zip Code 34684			
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 Paul G. Reiss		DATE 1/23/06	
Signature typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
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	D REISS, PAUL G 1950 BLUE HERON WAY PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	31940 U.S. 19 NORTH PALM HARBOR FL 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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: Paul G. Reiss		SIGNATURE: PAUL G. REISS DATE: 1/23/06 585-227-1757	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	



ATTACHMENT
66002428

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2006

PAUL G. REISS, INC.
129 CHARIT WY
ROCHESTER, NY 14626

Subject: PAUL G. REISS, INC.

Reference Number: P94000029635

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm

ANNUAL REPORTS SECTION