2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2006 08:00 AM DOCUMENT # P94000042907 **Secretary of State** 1. Entity Name LEDYARD H. DEWEES, P.A. Principal Place of Business ... Mailing Address 270 NW 3RD CT BOCA RATON FL 33432 US 270 NW 3RD CT BOCA RATON FL 33432 2. Principal Place of Business 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0497471 Not Applicat Country \$8.75 Additional Zio Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEWEES, LEDYARD H Street Address (P.O. Box Number is Not Acceptable) 270 NW 3RD CT **BOCA RATON FL 33432** Zip Code City 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 accethe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and two if applicable (NOTE: Registered Agent signature required when consisting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ M(r) ME ☐ Delete BILE DEWEES, LEDYARD H MALIE NAME 270 NW 3RD CT STREET AUDRESS SHIPSADDESS त्रभारतालक्षत्र समिन CITY-ST-ZIP CHY-S1-419 BOCA RATON FL 33432 Bulling i fait (ill) ☐ Change ☐ Adv THE ☐ Delete MLE MAME MARIE STREET ADDRESS 5 REEL AUDRESS CITY-ST-ZIP CHY-SI-ZIP eri e □ Delete ☐ Change MANS NAME STRLET AUDINESS STREET ADDITIONS CITY-ST-ZIP CHY-SI-ZIP ☐ Detote ☐ Change -⊟A∂ TITLE NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP Delete Change □ AG TITLE THIE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-21P ☐ Delete ☐ Change □ AA 3815 TITLE NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-21P CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 if changed, or on an attachment with an address, with all other like empowered.

edyned H. Dewces

SIGNATURE:

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