


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000050192  
 1. Entity Name  
 ELIZABETH L. TRACY, M.A., P.A.



Principal Place of Business 444 GOLDEN BEACH BLVD. VENICE, FL 34285	Mailing Address 444 GOLDEN BEACH BLVD. VENICE, FL 34285
---	---



01082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0502703	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  
 TRACY, ELIZABETH L.  
 444 GOLDEN BEACH BLVD.  
 VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**

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 changing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST ZIP	D TRACY, ELIZABETH L. 444 GOLDEN BEACH BLVD. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST ZIP	D TRACY, DENNIS J 444 GOLDEN BEACH BLVD. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP	
TITLE NAME STREET ADDRESS CITY-ST ZIP	

U00000382960  
 01/12/06-80035-011 150.00

**DO NOT WRITE IN THIS SPACE**

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: Dennis Tracy 1/8/06 941-484-6297  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone