

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 047 ***150.00

DOCUMENT # P94000067663

1. Entity Name
JOAN H. BICKERSTAFF, P.A.



Principal Place of Business
**1900 S HARBOR CITY BLVD STE ~~329~~
MELBOURNE, FL 32901-4763**

Mailing Address
**1900 S HARBOR CITY BLVD STE ~~329~~
MELBOURNE, FL 32901-4763**

50008654



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 211

Suite, Apt. #, etc.

Suite 211

City & State

City & State

01032006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3305067

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

**BICKERSTAFF, JOAN H
1900 S HARBOR CITY BLVD STE ~~329~~ 211
MELBOURNE, FL 32901-4763**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
BICKERSTAFF, JOAN H
~~10 SUNTREE PLACE~~
~~MELBOURNE, FL 32940~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1900 S. Harbor City Blvd., Suite 211
Melbourne, FL 32901-4765** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BICKERSTAFF, JOAN H
~~10 SUNTREE PLACE~~
~~MELBOURNE, FL 32940~~** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1900 S. Harbor City Blvd., Suite 211
Melbourne, FL 32901-4763** ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ 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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan H. Bickerstaff

3/29/06

Date

(321) 723-1009

Daytime Phone #