

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90168 022 \*\*\*150.00

DOCUMENT # P94000087526

1. Entity Name  
FINK & BOYLE, P.A.



Principal Place of Business  
2030 MCGREGOR BLVD  
FORT MYERS, FL 33901

Mailing Address  
2030 MCGREGOR BLVD  
FORT MYERS, FL 33901

2. Principal Place of Business

3. Mailing Address

2050 McGregor Blvd  
Suite, Apt. #, etc.

2050 McGregor Blvd  
Suite, Apt. #, etc.

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

Zip Country  
33901 USA

Zip Country  
33901 USA

04032006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-0540594

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

FINK, MICHAEL G  
1055 WYOMI DRIVE  
FORT MYERS, FL 33919

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]* 4/19/06  
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	D FINK, MICHAEL G 1055 WYOMI DRIVE FORT MYERS, FL 33919	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #