2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2006 08:00 Al **ANNUAL REPORT Secretary of State** DOCUMENT # P94000087863 1. Entity Name DIANE E. PETRZALA, P.A. Mailing Address Principal Place of Business 100 COASTAL OAK CR 100 COASTAL OAK CR PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 No Cha-P CR2E034 (11/05) 02282006 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3284858 Not Applicable **\$8.75** Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PETRZALA, DIANE E DO NOT WRITE 100 COASTAL OAK CR PONTE VEDRA BEACH, FL 32082 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DPST PETRZALA, DIANE E NAME STREET ADDRESS 100 COASTAL OAK CR PONTE VEDRA BEACH, FL 32082 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY- \$T-ZIP TITLE NAME

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: 🔬

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/06

904-285-9300

FILED

Daytime Phone #