## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000007955

1. Entity Name ROBERT O. BAUER, JR., P.A.



FILED
Apr 20, 2006 08:00 AN
Secretary of State

Principal Place of Business

1550 SO. HIGHLAND AVE., #C CLEARWATER, FL 33756 US

Mailing Address

1550 SO. HIGHLAND AVE., #C CLEARWATER, FL 33756 US



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3307768 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUER, ROBERT O JR. 1550 S. HIGHLAND AVENUE #C CLEARWATER, FL 33756

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the pions of registered agent.   | ourpose of changing its registered   | d office or re                          | egistered agent, or bot   | th, in the State of Florida. I am familiar with, and accept  |  |
|---|--|--|---|---|--|--|
| SIGNATURE_  | Signature, typed or printed name of registered agent and title   | l epplicable. (NOTE Registered   | Agent signature                         | required when refrateling)  | DATE   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00 |  | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees  |   |   |  |  |
| 10.   | OFFICERS AND DIREC   | CTORS  |   |   | <del></del>  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 | PD<br>BAUER, ROBERT O JR.<br>1550 SO. HIGHLAND AVE., #C<br>CLEARWATER, FL 33756  |  |   |   | U00000519171<br>05/02/06-80042-021 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |   |   |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                 |  |  |   | DO NOT WRITE  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  | IN THIS SPACE                           |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  | .,   |   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                        |  |  |   |   |  |  |
| 12. I hereby of indicated of the corchanged,                          | certify that the information supplied with this fi<br>on this report or supplemental report is true a<br>poration or the receiver or trustee empowers<br>, or on an attachment with an address with al | ling does not qualify for the exer<br>and accurate and that my signate<br>I to execute this report as require<br>other like empowered. | nptions cor<br>ire shall haved by Chapt | itained in Chapter 119<br>re the same legal effecter 607, Florida Statute | e. Florida Statutes. I further certify that the information<br>at as if made under oath; that I am an officer or director<br>as; and that my name appears in Block 10 or Block 11 if |  |