


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

| | |
|-------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P96000027100 |  |
| 1. Entity Name DENNIS E. BOOTHE, P.A. | |

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|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Principal Place of Business 2940 E. PARK AVE. SUITE C TALLAHASSEE, FL 32301 | Mailing Address 2940 E. PARK AVE. SUITE C TALLAHASSEE, FL 32301 |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|

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04/20/06-80051-006 150.00



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04032006 No Chg-P CR2E034 (11/05)

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|------------------------------------|--------------------------------------|
| 4. FEI Number 59-3369419 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BOOTHE, DENNIS E
2940 E. PARK AVE.
SUITE C
TALLAHASSEE, FL 32301

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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 _____ 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

| | |
|-----------------------|----------------------------|
| TITLE | P |
| NAME | BOOTHE, DENNIS E |
| STREET ADDRESS | 2940 E. PARK AVE., SUITE C |
| CITY-ST-ZIP | TALLAHASSEE, FL 32301 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:

[Signature] **President** 4/6/06 (550) 216-2627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone