

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90080 001 ***150.00

DOCUMENT # P96000047805

1. Entity Name
STACEY J. PLUMMER, P.A.



Principal Place of Business
**2950 5TH AVENUE
ST. PETERSBURG, FL 33713**

Mailing Address
**2950 5TH AVENUE
ST. PETERSBURG, FL 33713**

2. Principal Place of Business
200 Central Ave

3. Mailing Address
200 Central Ave

Suite, Apt. #, etc.
620

Suite, Apt. #, etc.
620

City & State
St. Petersburg FL

City & State
St. Petersburg FL

Zip
33701

Country
USA

Zip
33701

Country
USA

04122006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3394810

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PLUMMER PA, JULIE
3862 CENTRAL AVENUE
SAINT PETERSBURG, FL 33711**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
PLUMMER, STACEY J
200 CENTRAL AVE
ST. PETERSBURG, FL 33701**

☐ Delete

NEW ADDRESS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**LAW OFFICE OF
STACEY J. PLUMMER
200 CENTRAL AVE., SUITE 620B
ST. PETERSBURG, FL 33701**

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ 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 empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

4/17/06

Date

Daytime Phone #