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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P96000078808

1. Entity Name

TERRY L. ARMENTROUT, CPA, P.A.



FILED Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

1001 N WASHINGTON BLVD SUITE 103

SARASOTA, FL 34236

Mailing Address

1001 N WASHINGTON BLVD SUITE 103 SARASOTA, FL 34236



01062006

No Chg-F

CR2E034 (11/05)

4. FEI Number 65-0700940 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMENTROUT, TERRY L 1001 N WASHINGTON BLVD SUITE 101 SARASOTA, FL 34236

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	ramed entity submits this statement for the p clons of registered agent.	urpose of changing its registere	d attice or a	registered agent, or bo	ith, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title r	depplicable (NOTE Registered	Agent signatur	s required when reinstating)	OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPT ARMENTROUT, TERRY L 6162 BONAVENTURE CT SARASOTA, FL 34243	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					ነ አማሪካ ነው የሚያው ነው ነው።
THE NAME STREET ADDRESS CHY-ST-ZIP			U00000488547 04/17/06-80011-009 150.00 DO NOT WRITE IN THIS SPACE		
Title Name Street address City-St-Zip					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE MAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling 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 AND TYPEO OR PRINTED NAME OF

Pasided

3-31-06

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