

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000000136**

1. Entry Name

KATHLEEN M. DESPOTA, P.A.



Principal Place of Business

3020 SUMMERVALE DRIVE  
HOLIDAY, FL 34691

Mailing Address

3020 SUMMERVALE DRIVE  
HOLIDAY, FL 34691

**DO NOT WRITE IN THIS SPACE**



02182006

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3430070

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DESPOTA, KATHLEEN M  
3020 SUMMERVALE DRIVE  
HOLIDAY, FL 34691

**DO NOT WRITE  
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 reappointing)

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

1100000458087  
03/17/06-80030-018 1501.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DESPOTA, KATHLEEN M
STREET ADDRESS	3020 SUMMERVALE DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34691

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**

*Kathleen M. Despota*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Kathleen M. Despota*  
2-28-06  
Date Daytime Phone #