


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90197 023 ***150.00

DOCUMENT # P97000014608	
1. Entity Name THE LAW OFFICE OF DEAN MORPHONIOS, P.A.	

Principal Place of Business 1921 CAPITAL CIRCLE, N.E SUITE B TALLAHASSEE, FL 32308	Mailing Address 1560 CAPITAL CIR. NW STE. 16 TALLAHASSEE, FL 32303
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2. Principal Place of Business S MIDWAY COURT	3. Mailing Address S MIDWAY COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CRAWFORDVILLE FL	City & State CRAWFORDVILLE FL
Zip 32327	Zip 32327
Country	Country

40082739



05022006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3430370		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MORPHONIOS, DEAN 1921 CAPITAL CIRCLE, N.E SUITE B TALLAHASSEE, FL 32308		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) S MIDWAY COURT City CRAWFORDVILLE FL Zip Code 32327		


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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MORPHONIOS, DEAN 1921 CAPITAL CIRCLE, N.E, STE B TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIDWAY COURT CRAWFORDVILLE FL 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **DEAN Morphonios** 5/2/06 850 926-1187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #