

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90398 017 ***150.00

DOCUMENT # P97000091319

1. Entity Name
LINDA J. NEUMAN C.P.A., P.A.



Principal Place of Business
**P.O. BOX 915949
LONGWOOD, FL 32791**

Mailing Address
**P.O. BOX 915949
LONGWOOD, FL 32791**

2. Principal Place of Business
**1180 Spring Center Blvd. S.
Suite, Apt. #, etc.
Suite 370
City & State
Altamonte Springs, FL
Zip
32714
Country
USA**

3. Mailing Address
**1180 Spring Center Blvd. S.
Suite, Apt. #, etc.
Suite 370
City & State
Altamonte Springs, FL
Zip
32714
Country
USA**

40057000



01302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3476071

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEUMAN, LINDA J
650 LONGMEADOW CIRCLE
LONGWOOD, FL 32779**

7. Name and Address of New Registered Agent

Name
Neuman, Linda J.
Street Address (P.O. Box Number is Not Acceptable)
**1180 Spring Center Blvd. S.
Suite 370
City
Altamonte Springs FL Zip Code
32714**

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 **4/20/06**

(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
DPS ☐ Delete
NAME
NEUMAN, LINDA J
STREET ADDRESS
650 LONGMEADOW CIRCLE
CITY-ST-ZIP
LONGWOOD, FL 32779

TITLE
☐ Delete
NAME
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
DPST ☒ Change ☐ Addition
NAME
Neuman, Linda J.
STREET ADDRESS
1180 Spring Center Blvd., Suite 370
CITY-ST-ZIP
Altamonte Springs, FL 32714

TITLE
DVP ☐ Change ☒ Addition
NAME
APTERBURN, ASHLEY D.
STREET ADDRESS
1180 SPRING CENTER BLVD, SUITE 370
CITY-ST-ZIP
ALTAMONTE SPRINGS, FL 32714

TITLE
☐ Change ☐ Addition
NAME
☐ Change ☐ Addition
STREET ADDRESS
☐ Change ☐ Addition
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

Daytime Phone #