


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000101738

1. Entity Name
EDWARD A. DOXEY, C.P.A., P.A.



Principal Place of Business Mailing Address

**1901 W. TERRA MAR DRIVE
POMPANO BEACH FL 33062** **1901 W. TERRA MAR DRIVE
POMPANO BEACH FL 33062**



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Zip Country Zip Country

4. FEI Number **61-2717541** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DOXEY, EDWARD A
1901 W. TERRA MAR DRIVE
POMPANO BEACH FL 33062**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD <input type="checkbox"/> Delete
NAME	DOXEY, EDWARD A
STREET ADDRESS	1901 W. TERRA MAR DRIVE
CITY - ST - ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000563072
CITY - ST - ZIP	05/19/06-80081-001 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Edward A. Doxey* 2/14/06 954 942 6185