

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000106781

1. Entity Name

FLORIDA PROFESSIONALS, INC.



Principal Place of Business

130 CHIEFS TRAIL
VERO BEACH, FL 32963 US

Mailing Address

PO BOX 8309
VERO BEACH, FL 32963 US



04092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3484668

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCHUGH, JOHN J JR
333 17TH ST #U
VERO BEACH, FL 32960

**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 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 D
NAME ANNETTE HIBLER
STREET ADDRESS 130 CHIEFS TRAIL
CITY-ST-ZIP VERO BEACH, FL 32963

TITLE VP
NAME HIBLER, RICHARD W
STREET ADDRESS 130 CHIEFS TRAIL
CITY-ST-ZIP VERO BEACH, FL 32963

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04/29/06-80002-001 150.00^M

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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 of 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

4/11/06 772-231-5221

Date

Daytime Phone #