


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000030054 1. Entity Name BRENDA L. STONE, P.A.	
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Principal Place of Business 660 CULPEPPER TERRACE DAVIE, FL 33325	Mailing Address 660 CULPEPPER TERRACE DAVIE, FL 33325
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DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0822556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STONE, BRENDA L
660 CULPEPPER TERRACE
DAVIE, FL 33325

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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
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 NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, BRENDA L 660 CULPEPPER TERRACE DAVIE, FL 33325
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05/10/06-80022-014 150.00

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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 lines empowered.

SIGNATURE: *Brenda L Stone* Brenda L Stone 4/4/06 954-830-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #