

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90407 049 \*\*\*150.00

**50008426**



03112006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000043354</b> 1. Entity Name <b>TERRY L. COUCH &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>5786 NW 119TH DR CORAL SPRINGS, FL 33076</b>		Mailing Address <b>5786 NW 119TH DR CORAL SPRINGS, FL 33076</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>11146 NW 69th Place</b> Suite, Apt. #, etc.	
City & State <b>PARKLAND, FL</b>		City & State <b>PARKLAND, FL</b>	
Zip <b>33076-3746</b>		Zip <b>33076-3746</b>	
4. FEI Number <b>65-0837699</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COUCH, TERRY L 5786 NW 119TH DR CORAL SPRINGS, FL 33076</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11146 NW 69th Place</b> <b>PARKLAND</b> City <b>FL</b> Zip Code <b>33076-3746</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST COUCH, SIONYE R 5786 NW 119TH DR CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11146 NW 69th Place PARKLAND, FL 33076-3746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, TERRY L 5786 NW 119TH DR CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11146 NW 69th Place PARKLAND, FL 33076-3746
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
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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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
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: <u>Terry L. Couch</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>March 30, 2006</u> Date Daytime Phone #	