

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000050883

1. Entity Name
THOMAS LEO NESTOR III, P.A.



Principal Place of Business

631 W. MORSE BLVD STE 115
WINTER PARK, FL 32789 US

937 N. Magnolia Ave, Orlando 32803

Mailing Address

12004 SUMMERSPRING LAKES DR.
ORLANDO, FL 32825 US

DO NOT WRITE IN THIS SPACE

**FILED
Jul 12, 2006 8:00 am
Secretary of State**

07-12-2006 90001 023 ***550.00



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3522095	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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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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: PSTD
NAME: NESTOR, THOMAS L III
STREET ADDRESS: 506 FITZWILLIAM WAY 12004 Summerspring
CITY-ST-ZIP: ORLANDO, FL 32828 Lakes Dr. 32825

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IN THIS SPACE**

TITLE
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓5/3/06 ✓4098-4686
Date Daytime Phone #