


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90435 033 \*\*\*150.00

<b>DOCUMENT # P98000061711</b>					
<b>1. Entity Name</b> TERRENCE T. HOPKINS, P.A.					
<b>Principal Place of Business</b> 3103 MANATEE AVE W BRADENTON, FL 34205			<b>Mailing Address</b> 3103 MANATEE AVE W BRADENTON, FL 34205		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3525734	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HOPKINS, TERRENCE T MD 12170 7TH STREET EAST TREASURE ISLAND, FL 33706				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
Signature, typed or printed name of registered agent and title if applicable.				DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PT	<b>NAME</b> HOPKINS, TERRENCE T MD		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4004 COMMADORE BLVD	<b>CITY-ST-ZIP</b> CORTEZ, FL 34215			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S	<b>NAME</b> WEHR, SUSAN M		<input type="checkbox"/> Delete	<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4004 COMMADORE BLVD	<b>CITY-ST-ZIP</b> CORTEZ, FL 34215			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Delete			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					