

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070697

Entity Name: LINDA SCHOCKMAN, P.A.

FILED
Jan 26, 2006
Secretary of State

Current Principal Place of Business:

305 ROBIN HOOD CIRCLE
#203
NAPLES, FL 34104

New Principal Place of Business:

7669 NOVARA CT.
NAPLES, FL 34114

Current Mailing Address:

305 ROBIN HOOD CIRCLE
#203
NAPLES, FL 34104

New Mailing Address:

7669 NOVARA CT.
NAPLES, FL 34114

FEI Number: 65-0855815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOCKMAN, LINDA
305 ROBIN HOOD CIRCLE
#203
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

SCHOCKMAN, LINDA
7669 NOVARA CT.
NAPLES, FL 34114 US

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.

SIGNATURE:

01/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHOCKMAN, LINDA
Address: 305 ROBIN HOOD CIRCLE #203
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SCHOCKMAN, LINDA
Address: 7669 NOVARA CT.
City-St-Zip: NAPLES, FL 34114

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA SCHOCKMAN

PRES

01/26/2006

Electronic Signature of Signing Officer or Director

Date