


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000002465
 1. Entity Name
CLARIE, GRAVES, REISCHMANN, P.A.



Principal Place of Business Mailing Address
1101 PASADENA AVENUE SOUTH #1 **1101 PASADENA AVENUE SOUTH #1**
SOUTH PASADENA, FL 33707 **SOUTH PASADENA, FL 33707**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01252006 Chg-P CR2E034 (11/05)
 4. FEI Number
59-3552041 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
REISCHMANN, CHARLES F
1101 PASADENA AVENUE SOUTH
SUITE 1
SOUTH PASADENA, FL 33707

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	CLARIE, D'ARCY R	
STREET ADDRESS	1101 PASADENA AVENUE SOUTH #1	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	REISCHMANN, WILLIAM E SR.	
STREET ADDRESS	1101 PASADENA AVENUE SOUTH #1	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	REISCHMANN, CHARLES F	
STREET ADDRESS	1101 PASADENA AVENUE SOUTH #1	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAVES, THOMAS D	
STREET ADDRESS	1101 PASADENA AVENUE SOUTH, #1	
CITY-ST-ZIP	SOUTH PASADENA, FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1100000456779	
CITY-ST-ZIP	03216200 30043-014 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: **2/12/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR