


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000008900</b>	
1. Entity Name <b>JOHN W. CARROLL, P.A.</b>	

Principal Place of Business <b>11380 PROSPERITY FARMS ROAD, STE. 216A PALM BEACH GARDENS, FL 33420-1794</b>	Mailing Address <b>P.O. BOX 31794 PALM BEACH GARDENS, FL 33420 US</b>
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04132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0903897</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CARROLL, JOHN W 11380 PROSPERITY FARMS ROAD, STE. 216A PALM BEACH GARDENS, FL 33420-1794</b>
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**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and true 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 NAME STREET ADDRESS CITY-ST-ZIP	OSP CARROLL, JOHN W 11380 PROSPERITY FARMS RD., #216A PALM BEACH GARDENS, FL 33410
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000000514199  
04/23/06-80160-021 150.00

**DO NOT WRITE  
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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:  **April 13, 2006** (521) 775-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #