


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P99000015800	
1. Entity Name JOHN E. AURELIUS, P.A.	

Principal Place of Business 4367 NORTH FEDERAL HIGHWAY SUITE 101 FORT LAUDERALE, FL 33308	Mailing Address 4367 NORTH FEDERAL HIGHWAY SUITE 101 FORT LAUDERALE, FL 33308
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DO NOT WRITE IN THIS SPACE



D1042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0896785	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AURELIUS, JOHN E ESQ.
4367 NORTH FEDERAL HIGHWAY
SUITE 101
FORT LAUDERALE, FL 33308

**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 _____ (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 NAME STREET ADDRESS CITY- ST- ZIP	D AURELIUS, JOHN E 4367 NORTH FEDERAL HIGHWAY FORT LAUDERALE, FL 33308
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01/09/06-80009-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **JOHN E. AURELIUS** 1/6/06 054-772-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #