


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000024835**  
 1. Entity Name  
**MARY JO SELDEN, P.A.**



Principal Place of Business      Mailing Address  
**26765 LOST WOODS CIRCLE**      **26765 LOST WOODS CIRCLE**  
**BONITA SPRINGS, FL 34135**      **BONITA SPRINGS, FL 34135**

**DO NOT WRITE IN THIS SPACE**



04112006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3563903**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SELDEN, MARY JO**  
**26765 LOST WOODS CIRCLE**  
**BONITA SPRINGS, FL 34135**

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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 SELDEN, MARY JO 26765 LOST WOODS CIRCLE BONITA SPRINGS, FL 34135
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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:** *Mary Jo Selden*      4/11/06      992-8301  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #