

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000031329

1. Entity Name  
MOYER, STRAUS & PATEL, P.A.



Principal Place of Business  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS, FL 32714

Mailing Address  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS, FL 32714



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3565585

Applied For  
Not Applicable

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

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

MOYER, PAUL V  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS, FL 32714

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME MOYER, PAUL V  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D  
NAME STRAUS, TIMOTHY A  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE D  
NAME PATEL, PRABODH C  
STREET ADDRESS 118 WEST ORANGE STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000568877  
07/11/06-80004-001 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/06 407 331-5505