

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 020 ***150.00

DOCUMENT # P99000035711 1. Entity Name NEISER & NEISER, P.A.			
Principal Place of Business SOUTHTRUST BANK BUILDING 150 SECOND AVE NO SUITE 910 SAINT PETERSBURG, FL 33701		Mailing Address SOUTHTRUST BANK BUILDING 150 SECOND AVE NO SUITE 910 SAINT PETERSBURG, FL 33701	
2. Principal Place of Business WACHOVIA BANK BUILDING Suite, Apt. #, etc. 150 SECOND AVE. NO. SUITE 910 City & State SAINT PETERSBURG, FL 33701 Zip 33701		3. Mailing Address WACHOVIA BANK BUILDING Suite, Apt. #, etc. 150 SECOND AVE. NO. SUITE 910 City & State SAINT PETERSBURG, FL 33701 Zip 33701	
4. FEI Number 59-3570527		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEISER, DAVID D SOUTHTRUST BANK BUILDING 150 SECOND AVE NO SUITE 910 SAINT PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name NEISER, DAVID D. Street Address (P.O. Box Number is Not Acceptable) WACHOVIA BANK BUILDING 150 SECOND AVE. NO. SUITE 910 City SAINT PETERSBURG, FL Zip Code 33701	
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: DAVID D. NEISER (D) 1/4/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEISER, RICHARD W 1100 79TH ST. SO. ST PETERSBURG, FL 33707	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEISER, DAVID D 2469 ROLLING TRAIL PALM HARBOR, FL 34684	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.			
SIGNATURE: RICHARD W. NEISER 1/4/06 - 727-213-1818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <small>Daytime Phone #</small>	