


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 036 ***150.00

DOCUMENT # P99000081811	
1. Entity Name GEO. W. SALTER, P.A.	

Principal Place of Business 6500 1ST AVE N SAINT PETERSBURG, FL 33710	Mailing Address 6500 1ST AVE N SAINT PETERSBURG, FL 33710
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40074000



2. Principal Place of Business 1135 S. Pasadena Ave.	3. Mailing Address 1135 S. Pasadena Ave
Suite, Apt. #, etc. #300	Suite, Apt. #, etc. #300
City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33707	Zip 33707
Country	Country

04262006 Chg-P CR2E034 (11/05)

4. FEI Number 52-2192393	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 SALTER, GEO.W. ESQ. 4585 140TH AVENUE NORTH SUITE 1008 CLEARWATER, FL 33762	
7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 1135 S. Pasadena Ave. #300 City St. Petersburg FL Zip Code 33707	

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 **Geo. W. Salter, Esq.** **Geo. W. Salter** **4-27-06**
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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALTER, GEO. W. ESQ. 4585 140TH AVENUE NORTH SUITE 1008 CLEARWATER, FL 33762	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 1135 S. Pasadena Ave, #300 St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 like empowered.

SIGNATURE: **Geo. W. Salter** **Geo. W. Salter** **4-27-06** **727 641-5347**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #