

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90428 032 ***150.00

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04172006 Chg-P CR2E034 (11/05)

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| DOCUMENT # P99000097449 1. Entity Name JUDY MESSINA, P.A. | | | | | |
| Principal Place of Business 7014 NW 38TH MANOR CORAL SPRINGS, FL 33065 | | | Mailing Address 7014 NW 38TH MANOR CORAL SPRINGS, FL 33065 | | |
| 2. Principal Place of Business 6010 NW 66TH PLACE Suite, Apt. #, etc. | | 3. Mailing Address 6010 NW 66TH PLACE Suite, Apt. #, etc. | | | |
| City & State PARKLAND FL Zip 33067 | | City & State PARKLAND FL Zip 33067 | | 4. FEI Number 65-0963709 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MESSINA, JUDY 7014 NW 38TH MANOR CORAL SPRINGS, FL 33065 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6010 NW 66TH PLACE City PARKLAND FL Zip Code 33067 | | |
| 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. <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 | PD MESSINA, JUDY 7014 NW 38TH MANOR CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6010 NW 66TH PLACE PARKLAND, FL 33067 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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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: <u>Judy Messina</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/20/06</u> <small>Daytime Phone #</small> | | |