


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000108015 1. Entity Name FLOYD S. YARNELL, P.A.	
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Principal Place of Business
PARRISH, LAWHON & YARNELL, P.A.
PARRISH, WHITE, LAWHON, P.A.
3431 PINE RIDGE ROAD SUITE 101
NAPLES, FL 34109 US

Additional Office
PARRISH, LAWHON & YARNELL, P.A.
PARRISH, WHITE, LAWHON, P.A.
3431 PINE RIDGE ROAD SUITE 101
NAPLES, FL 34109 US

400060000



01102006 No Chg-P CR2E034 (11/05)

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4. FEI Number 59-3654131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YARNELL, FLOYD S
PARRISH, WHITE, LAWHON, P.A. Parrish, Lawhon & Yarnell, P.A.
3431 PINE RIDGE RD, SUITE 101
NAPLES, FL 34109

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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 YARNELL, FLOYD S 3431 PINE RIDGE ROAD SUITE 101 NAPLES, FL 34109
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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: 787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #