

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90408 043 ***150.00

DOCUMENT # S28122

1. Entity Name
RICHARD P. PETERMANN, P.A.



Principal Place of Business 25 WALTER MARTIN ROAD 25 NE WALTER MARIN ROAD, SUITE 101 FT. WALTON BEACH, FL 32548 US	Mailing Address 25 WALTER MARTIN ROAD 25 NE WALTER MARIN ROAD, SUITE 101 FT. WALTON BEACH, FL 32548 US
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50012632



2. Principal Place of Business 909 Mar Walt Drive	3. Mailing Address 909 Mar Walt Drive
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03082006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc. Suite 1014	Suite, Apt. #, etc. Suite 1014
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4. FEI Number 59-2983347	Applied For <input type="checkbox"/> Not Applicable
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City & State Ft. Walton Beach, FL	City & State Ft. Walton Beach, FL
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Zip 32547	Country Okaloosa	Zip 32547	Country Okaloosa
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERMANN, RICHARD P.
25 NE WALTER MARTIN ROAD, SUITE 101
FT. WALTON BEACH, FL 32548**

Name Petermann, Richard P.
Street Address (P.O. Box Number is Not Acceptable) 909 Mar Walt Drive, Suite 1014
City Ft. Walton Beach FL Zip Code 32547

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 _____ DATE **4/12/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Delete
NAME PETERMANN, RICHARD P.	
STREET ADDRESS 25 NE WALTER MARTIN ROAD, STE 101	
CITY-ST-ZIP FT. WALTON BEACH, FL	

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Petermann, Richard P.	
STREET ADDRESS 909 Mar Walt Drive, Suite 1014	
CITY-ST-ZIP Ft. Walton Beach, FL 32547	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

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

4/12/06 (850) 863-4064

Date Daytime Phone #