

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # S33528

1. Entity Name
BAJOCZKY & FOURNIER, P.A.



Principal Place of Business
**125 N. FRANKLIN BLVD.
TALLAHASSEE, FL 32301**

Mailing Address
**P.O. BOX 2
TALLAHASSEE, FL 32302**

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3050537

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAJOCZKY, ANTHONY L.
125 N. FRANKLIN
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BAJOCZKY, ANTHONY L.
STREET ADDRESS 125 N. FRANKLIN
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VPD
NAME FOURNIER, PATRICIA
STREET ADDRESS 125 N. FRANKLIN
CITY-ST-ZIP TALLAHASSEE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000570959
07/18/06-80017-014 550.00

**DO NOT WRITE
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 title empowered.

SIGNATURE: *Anthony L. Bajoczky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony L. Bajoczky

7/13/06

850/222-3399

Date

Daytime Phone #