


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S47647**

1. Entity Name  
RONALD J. VALICOFF, P.A.



Principal Place of Business  
2106 DREW STREET  
SUITE 104  
CLEARWATER, FL 34625

Mailing Address  
2106 DREW STREET  
SUITE 104  
CLEARWATER, FL 34625

**DO NOT WRITE IN THIS SPACE**



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3062225

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
VALICOFF, RONALD J.  
2106 DREW STREET  
SUITE 104  
CLEARWATER, FL 34625

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FCC 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	PVPT VALICOFF, RONALD J. 2106 DREW STREET #104 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UDD000522986  
05/03/06-80054-012 150.00

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  RONALD VALICOFF PRES Date 4-4-06 (727) 442-1925  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR