FILED
Apr 17, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S93824

1. Entity Name
CLARK DEMAY FARA & FROMAN, P.A.

Principal Place of Business	Mailing Address
1819 MAIN ST SUITE 1100 SARASOTA, FL 34236 US	P O DRAWER 49887 SARASOTA, FL 34230 US

02232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0293274
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEMAY, DANIEL J
1819 MAIN ST., STE. 1100
SARASOTA, FL 34236

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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's 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

TITLE	P
NAME	CLARK, DONALD D
STREET ADDRESS	1819 MAIN STREET #1100
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	ST
NAME	DEMAY, DANIEL J
STREET ADDRESS	1819 MAIN STREET #1100
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	FROMAN, ANDREW
STREET ADDRESS	1819 MAIN ST., #1100
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	FARA, SUSAN L
STREET ADDRESS	1819 MAIN STREET #1100
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80139-021 150.00

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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: X _____ X DANIEL J. DEMAY X 4-11-06 941-957-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #