

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V03010

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: RICHARD C. REASIN C.P.A., P.A.

## Current Principal Place of Business:

27790 KYLE BLVD  
BIG PINE KEY, FL 33043

## New Principal Place of Business:

## Current Mailing Address:

27790 KYLE BLVD  
BIG PINE KEY, FL 33043

## New Mailing Address:

FEI Number: 65-0300969

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REASIN, RICHARD C.  
27790 KYLE BLVD  
BIG PINE KEY, FL 33043 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: REASIN, RICHARD C.,  
Address: 27790 KYLE BLVD  
City-St-Zip: BIG PINE KEY, FL

Title: DST ( ) Delete  
Name: REASIN, LESLIE J.,  
Address: 27790 KYLE BLVD  
City-St-Zip: BIG PINE KEY, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE J REASIN

TREA

04/14/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date