



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V04347</b> 1. Entity Name FLORIDA ROUNDTABLE OF PRACTICING CPAS, INC.			
Principal Place of Business 503 WEST DRANE STREET SOUTH PLANT CITY, FL 33563		Mailing Address P.O. DRAWER BBB PLANT CITY, FL 33564-9048 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		04262006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3103430	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAYES, MALCOLM 503 WEST DRANE STREET SOUTH PO DRAWER BBB PLANT CITY, FL 33564-9048		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000558845 05/17/06-80114-008 150.00
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HAYES, MALCOLM 503 W.DRANE ST.SO. PLANT CITY, FL 33563		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JAMES A IV 301 S. ALBANY AVE. STUART, FL 34994		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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 recelver 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:  MALCOLM HAYES		42806	817/547571
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>