
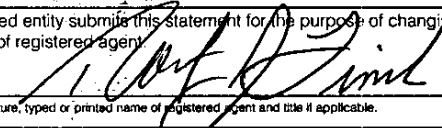
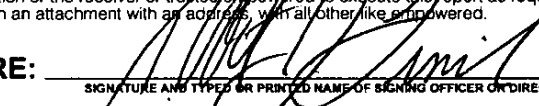


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90074 035 ***150.00

DOCUMENT # V46426 1. Entity Name ROBERT J. FINCK, P.A.																											
Principal Place of Business 360 CENTRAL AVE. STE. 1400 ST. PETERSBURG, FL 33701 US		Mailing Address PO BOX 60 ST PETERSBURG, FL 33731 US																									
2. Principal Place of Business 520-4th St. No. Suite, Apt. #, etc. 2nd FLR. East Ste. City & State St. Petersburg FL. Zip 33701 Country USA		3. Mailing Address 520-4th St. No. Suite, Apt. #, etc. 2nd FLR. East Ste. City & State St. Petersburg, FL. Zip 33701 Country USA																									
4. FEI Number 59-3129462		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FINCK, ROBERT J. 360 CENTRAL AVE. STE. 1400 ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Finck, Robert J. Street Address (P.O. Box Number is Not Acceptable) 520-4th St. No. 2nd FLR. East Ste. City St. Petersburg FL Zip Code 33701																									
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  Robert J. Finck 2/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FINCK, ROBERT J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>360 CENTRAL AVE., STE. 1400</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	FINCK, ROBERT J.		STREET ADDRESS	360 CENTRAL AVE., STE. 1400		CITY-ST-ZIP	ST. PETERSBURG, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>520-4th St. No, 2nd FLR, East Ste.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>St. Petersburg, FL. 33701</td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		NAME			STREET ADDRESS	520-4th St. No, 2nd FLR, East Ste.		CITY-ST-ZIP	St. Petersburg, FL. 33701	
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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:  Robert J. Finck <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 727-892-6000 <small>Daytime Phone #</small>																									