


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000038416
 1. Entity Name
 TRACEY LYNN KIRCHAIN, P.A.



Principal Place of Business 521 N. BRIDGESTONE AVE. JACKSONVILLE, FL 32259	Mailing Address 521 N. BRIDGESTONE AVE. JACKSONVILLE, FL 32259
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3642118	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
 KIRCHAIN, TRACEY
 521 N. BRIDGESTONE AVE.
 JACKSONVILLE, FL 32259

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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 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 NAME STREET ADDRESS CITY - ST - ZIP	PSD KIRCHAIN, TRACEY 521 N. BRIDGESTONE AVE. JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD KIRCHAIN, ALAN 521 N. BRIDGESTONE AVE. JACKSONVILLE, FL 32259
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U00000529035
05/05/06-80059-017 150.00

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: Tracey Kirchain 4/7/06 (904) 238-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #