


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # 483464 1. Entity Name DEARDOURFF, TIMMONS & ASSOCIATES, P.A.	
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Principal Place of Business 6420 N.W. 9TH BLVD. #2 GAINESVILLE, FL 32605-4203	Mailing Address 6420 N.W. 9TH BLVD. #2 GAINESVILLE, FL 32605-4203
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1614580	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEARDOURFF, STEPHEN L 6420 N.W. 9TH BLVD. #2 GAINESVILLE, FL 32605

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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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000405138
02/07/06-80029-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEARDOURFF, STEPHEN L 6420 N.W. 9TH BLVD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIMMONS, JOHN W. 6420 N.W. 9TH BLVD. GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CASSISI, CHRIS 6420 N.W. 9TH BLVD. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ DATE: 1/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR