


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 601038**  
 1. Entity Name  
**COLSON HICKS EIDSON, P.A.**



Principal Place of Business      Mailing Address  
**255 ARAGON AVENUE**      **P O BOX 141108**  
**2ND FLOOR**      **CORAL GABLES, FL 33114 US**  
**CORAL GABLES, FL 33134-5008 US**



02092006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1261170</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**EIDSON, LEWIS S JR**  
**255 ARAGON AVENUE**  
**2ND FLOOR**  
**CORAL GABLES, FL 33134-5008**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PO LEWIS S. EIDSON 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES, FL 331345008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DEAN C. COLSON 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES, FL 331345008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAN C. COLSON 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES, FL 331345008
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UNION460374  
 03/20/06-80007-016 150.00

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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:** *[Signature]*      **3-6-06**      **305-476-7400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #