


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90085 013 ***150.00

DOCUMENT # P03000055227


1. Entity Name
COMPCLINRESEARCH INCORPORATED



Principal Place of Business Mailing Address
10480 MONARCH ST **10480 MONARCH ST**
SPRING HILL, FL 34608 **SPRING HILL, FL 34608**

2. Principal Place of Business 3. Mailing Address
18335 OHLING WAY **18335 OHLING WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WEEKI WACHEE, FL **WEEKI WACHEE, FL**
 Zip Country Zip Country
34614 **34614** **34614** **34614**



01312006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
HANKINS, EMILY J
11445 RIDDLE DRIVE.
SPRING HILL, FL 34609

4. FEI Number Applied For
92-0194173 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
HANKINS, EMILY J
 Street Address (P.O. Box Number is Not Acceptable)
18335 OHLING WAY
 City State Zip Code
WEEKI WACHEE **FL** **34614**

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 *x Emily Hankins* DATE *2/3/06*
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIERS, BURNEY D	NAME	
STREET ADDRESS	95 LANDFALL CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH, GA 31410	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAKIN, EMILY J	NAME	DP HANKINS, EMILY J
STREET ADDRESS	10480 MONARCH STREET	STREET ADDRESS	18335 OHLING WAY
CITY-ST-ZIP	SPRING HILL, FL 34608	CITY-ST-ZIP	WEEKI WACHEE, FL 34614
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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: *x Emily Hankins* DATE: *2/3/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davtine Phone #