

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000028935

1. Entity Name
STUTSMAN & THAMES, P.A.



Principal Place of Business
121 W. FORSYTH STREET
SUITE 600
JACKSONVILLE, FL 32202

Mailing Address
121 W. FORSYTH STREET
SUITE 600
JACKSONVILLE, FL 32202

FILED

06 MAR 14 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052006 No Chg-P CR2E034 (11/05) *db*

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3435913

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THAMES, RICHARD R
121 W. FORSYTH STREET
SUITE 600
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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
CEO
STUTSMAN, BRUCE E
1301 HAMMOND BLVD.
JACKSONVILLE, FL 32221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THAMES, RICHARD R
7897 LITTLE FOX LANE
JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800069635838
04/06/06--01043--003 **200.00

**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 information.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06

Date

904.358.4000

Daytime Phone #