2006 FOR PROFIT CORPORATION

Mar 27, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # S26121** 03-27-2006 90249 009 ***150.00 1. Entity Name SMITH & GRIMSLEY, P.A. Principal Place of Business Mailing Address 10032110 25 WALTER MARTIN RD. NE 25 WALTER MARTIN RD. NE **SUITE 101 SUITE 101** FT. WALTON BEACH, FL 32548 FT. WALTON BEACH, FL 32548 2. Principal Place of Business 909 Mar Walt Drive Mailing Address 909 Mar Walt Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 03172006 CR2E034 (11/05) Chg-P Ste. 1014 Ste. 1014 City & State City & State 4. FEI Number Applied For Ft. Walton Beach, F1 59-3049449 Ft. Walton Beach, Fl Not Applicable Country Okaloosa Country Okaloosa \$8.75 Additional 32547-6757 32547-6757 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRIMSLEY, JAMES W Street Address (P.O. Box Number is Not Acceptable) 25 WALTER MARTIN RD. NE **SUITE 101** FT. WALTON BEACH, FL 32548 City Zio Code 8. The above named entity submitted 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 ag 20 Mars 0,6 SIGNATURE. Signature, typed or printed n (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD ☐ Delete PD Change ☐ Addition TITLE TITLE NAME GRIMSLEY, JAMES W. NAME Grimsley, James W. STREET ADDRESS 25 WALTER MARTIN RD STREET ADDRESS 909 Mar Walt Drive, Ste 1014 Ft. Walton Beach, F1 32547-6757 FORT WALTON BEACH, FL 32548 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Deiete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental people 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 of 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 of the corporation or the receiver changed, or on an attachmer

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITI F

NAME STREET ADDRESS

FILED