## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** 01-26-2006 90040 016 \*\*\*150.00 **DOCUMENT # S38363** 1. Entity Name REX E. DELCAMP, P.A. Principal Place of Business Mailing Address 219-4TH ST N P 0 B0X 11267 ST. PETERSBURG, FL 33701 ST. PETERSBURG, FL 33733 01172006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3054191 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DELCAMP, REX E DO NOT WRITE 219-4TH ST. N. ST. PETERSBURG, FL 33701 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) 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 10. PΩ TITLE DELCAMP, REX E NAME STREET ADDRESS 219-4TH ST. N. ST. PETERSBURG, FL CITY-ST-ZIP ST DELCAMP, REX E. NAME STREET ADDRESS 219-4TH ST. N. CITY-ST-ZIP ST. PETERSBURG, FL TITI F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME

12. Thereby 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 a 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 a 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 as 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 as 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 as 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 as 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 as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

FILED Jan 26, 2006 8:00 am