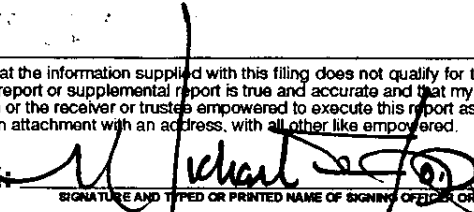


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90195 014 ***150.00

DOCUMENT # V35789 1. Entity Name COPPINS MONROE ADKINS DINCMAN & SPELLMAN, P.A.					
Principal Place of Business 1319 THOMASWOOD DR TALLAHASSEE, FL 32312			Mailing Address P.O. BOX 14447 TALLAHASSEE, FL 32317-4447		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent COPPINS, MICHAEL F 1319 THOMASWOOD DR TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COPPINS, MICHAEL F 2925 COLDSTREAM DR TALLAHASSEE, FL 32312 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONROE, LLOYD D 357 OLD BUXBEE RD MONTICELLO, FL 32344 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADKINS, GWENDOLYN P 4352 MAYLOR RD. TALLAHASSEE, FL 32308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Adkins, Gwendolyn P 4352 Maylor Rd Tallahassee, FL 32308 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DINEMAN, HOLLY A 2862 ROYAL ISLE DRIVE TALLAHASSEE, FL 32312 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dincman, Holly A. 2862 Royal Isle Drive Tallahassee, FL 32312 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPELLMAN, MICHAEL P 3412 ORTEGA DRIVE TALLAHASSEE, FL 32312 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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:  Michael F Coppins 4-25-06 (850) 422-2420 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					