

**2006 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # K04581



Entity Name
**ELLIOTT & COOKE, CERTIFIED PUBLIC ACCOUNTANTS,
P.A.**

Principal Place of Business
**5235 WILLING STREET
STE B
MILTON, FL 32570**

Mailing Address
**5235 WILLING STREET
STE B
MILTON, FL 32570**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2858398	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ELLIOTT, JOHN DAVID
5235 WILLING STREET
SUITE B
MILTON, FL 32570**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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**

**000000396826
01/30/06-80026-008 150.00**

OFFICERS AND DIRECTORS

NAME	D
STREET ADDRESS	ELLIOTT, JOHN DAVID
CITY-ST-ZIP	5235 WILLING STREET SUITE B MILTON, FL 32570
NAME	D
STREET ADDRESS	COOKE, BILLY G.
CITY-ST-ZIP	5235 WILLING STREET SUITE B MILTON, FL 32570
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06 850-623-0201
Date Daytime Phone #