


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90151 018 ***150.00

DOCUMENT # 493392
 1. Entity Name
 JOHNSON, POPE, BOKOR, RUPPEL & BURNS, P.A.




Principal Place of Business
 911 CHESTNUT ST.
 P.O. BOX 1368
 CLEARWATER, FL 33756

Mailing Address
 911 CHESTNUT ST.
 P.O. BOX 1368
 CLEARWATER, FL 33756

DO NOT WRITE IN THIS SPACE

40064600



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1640245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAGUE, CAROL A
 911 CHESTNUT STREET
 CLEARWATER, FL 33756

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

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	VP
NAME	RICHARDS, DARRYL R
STREET ADDRESS	911 CHESTNUT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VP
NAME	LITTLE, MICHAEL G
STREET ADDRESS	911 CHESTNUT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	VP
NAME	MARKHAM, MICHAEL C
STREET ADDRESS	911 CHESTNUT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	P
NAME	ARMSTRONG, E. D. III
STREET ADDRESS	911 CHESTNUT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **ED ARMSTRONG, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-17-06** Daytime Phone #: **727.461.1818**