## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 28, 2006 8:00 am Secretary of State

ANNUAL REPORT							Secretary of State				
DOCUMENT # 155214								90032 013 ***			
Entity Name     ABBOTT MILITARY TAILORS INC											
700011	WILLIAM V	T TAILED NO II NO									
Principal Plac	e of Business	s	Mailing Address	Mailing Address			• -				
200 S. PALAFOX STREET PENSACOLA, FL 32502-5842 US			200 S. PALAFOX STREET PENSACOLA, FL 32502-5842 US								
FENSAUULA,	11, 32302-	3042 03	r ENSAUGEA, I C. 3	2302-3042	03	) ( <b></b>	u stiči čiliš ličat ilsk sil	RI B1811 <b>218</b> 11 B1811 B1811 B		CI II 1861	
2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.							E1 11 (SE)	
						07242006	Chg-P	CR2E034 (11			
City & State			City & State				4. FEI Number Applied For 59-0597608 Not Applicable				
Zip	p Country		Zip	Zip Count		5. Certificate	of Status Desired		5 Additi equired	ional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
GREEN, WILLIAM J ESQUIRE					Name WILLIAM A. BOND						
4300 BAYOU BOULEVARD - SUITE 13 PENSACOLA, FL 32503-2671					Street Address (P.O. Box Number is Not Acceptable)						
1 ENGAGGEA, 1 E 32000-2071					25 WEST GOVERNMENT STATET						
						MSACOLA					
	named entit	y submits this statement for lered agent.	the purpose of changir	ng its register	ed office or reg	gistered agent, or bo	th, in the State of F	lorida. 1 am familia	r with, a	nd accept	
SIGNATURE William Q. Bond - WILLIAM A. BOND							7	- 24- 200	F		
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	id Agent signature ro	Quired when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Finance Trust Fund Contribution.						\$5.00 May Be Added to Fees		with s. 607.193(2 I not receive the			
10. OFFICERS AND DIRECTORS 1						ADDITIONS	/CHANGES TO OF	FICERS AND DIRE	CTORS	IN 11	
TITLE	SVP		<b>⊠</b> Delete	TITL				Ct	nange	☐ Addition	
NAME STREET ADDRESS	1	NANCY W LAFOX STREET		NAM STRI	ET ADDRESS						
CITY-ST-ZIP		OLA, FL 325025842		СІТҮ	-ST-ZIP						
TITLE NAME	P	L MALLIAM HIII	☐ Delete	TITL	- 1			☐ CI	nange	☐ Addition	
STREET ADDRESS	WARREN, WILLIAM H III PRESS 200 S. PALAFOX STREET			NAM Stre							
CITY-ST-ZIP	PENSACO	DLA, FL 325025842			-ST-ZIP	_					
TITLE NAME	VP WARREN	, CHARLES M	Delete	, TITU NAM				☐ Ct	nange	Addition	
STREET ADDRESS	200 S. PA	LAFOX STREET		STRE	EET ADDRESS						
CITY-ST-ZIP	PENSACO	DLA, FL 325025842			-ST-ZIP						
TITLE NAME			☐ Delete	TITL NAM	i			CI	nange	Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP TITLE			☐ Delete	TITL	-ST-ZIP		<u> </u>		nanne	☐ Addition	
NAME	•		_ Defete	NAM	1						
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP						
TITLE			☐ Delete	TITE				Cr	nange	Addition	
NAME STREET ADDRESS				NAM STRI	EET ADDRESS						
					1						

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 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 FRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF DATE OF DATE OF DATE OF DIRECTOR DIRECTOR DIRECTOR DIRECTOR DATE OF DATE