


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 430372**  
 1. Entity Name  
**BULLOCK TICE ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**909 EAST CERVANTES, SUITE B**      **909 EAST CERVANTES, SUITE B**  
**PENSACOLA, FL 32501**      **PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1467913**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**TICE, JOHN P. JR.**  
**909 EAST CERVANTES**  
**SUITE B**  
**PENSACOLA, FL 32501**

**DO NOT WRITE 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 \_\_\_\_\_ (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TICE, JR. J 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVP RICHARDSON, MICHAEL C 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASHLEY, DOUGLAS S. 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLLY, JON R 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLACE, JEAN V 909 E CERVANTES STE B PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000412667  
 02/10/06-80058-003 158.75

**DO NOT WRITE IN THIS SPACE**

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: Jean V. Wallace      Jean V. Wallace Secy/Deas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/24/06      Daytime Phone #: 850 431-5444