2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# 438337

Entity Name: WILLIAM H. SHANK & ASSOCIATES, INC.

Current Principal Place of Business:

1104 OSCEOLA ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

1104 OSCEOLA ST
JACKSONVILLE, FL 32204 US

Current Mailing Address:

1104 OSCEOLA ST
JACKSONVILLE, FL 32204

New Mailing Address:

1104 OSCEOLA ST
JACKSONVILLE, FL 32204 US

FEI Number: 59-1539887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHANK, WILLIAM H.
1104 OSCEOLA ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

SMITH-SHANK, GLENDA
1104 OSCEOLA ST
JACKSONVILLE, FL 32204 US

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.

SIGNATURE: GLENDA SMITH SHANK 03/24/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: SHANK, TERESA,
Address: 1104 OSCEOLA ST
City-St-Zip: JACKSONVILLE, FL

Title: STD (X) Delete
Name: JOHNS, KAREN S.,
Address: 1104 OSCEOLA ST.
City-St-Zip: JACKSONVILLE, FL

Title: PD (X) Delete
Name: SHANK, WILLIAM H
Address: 1104 OSECOLA ST
City-St-Zip: JACKSONVILLE, FL

Title: VPD ( ) Delete
Name: SMITH-SHANK, GLENDA
Address: 1104 OSCEOLA STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: SHANK, TERESA,
Address: 1104 OSCEOLA ST
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PST (X) Change ( ) Addition
Name: SMITH-SHANK, GLENDA
Address: 1104 OSCEOLA STREET
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENDA SMITH-SHANK P 03/24/2006
Electronic Signature of Signing Officer or Director Date