

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 460223</b> 1. Entity Name <b>CRARY, BUCHANAN, BOWDISH, BOVIE, BERES, ELDER &amp; WILLIAMSON, CHARTERED</b>						FILED 06 DEC 11 10:42 SEC TALLAH	
Principal Place of Business <b>555 COLORADO AVE. #1 P.O. DRAWER 24 STUART, FL 34994</b>				Mailing Address <b>555 COLORADO AVE. #1 P.O. DRAWER 24 STUART, FL 34994</b>			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <b>59-1548347</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>BUCHANAN, LARRY E. 555 COLORADO AVE. #1 STUART, FL</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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 _____ <b>100082411341</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOWDISH, JAMES L S		NAME	Steven D. Beres			
STREET ADDRESS	471 NE TOWN TERRACE		STREET ADDRESS	4228 S.W. Oakhaven Lane			
CITY-ST-ZIP	JENSEN BEACH, FL		CITY-ST-ZIP	Palm City, FL 34990			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOVIE, GEORGE F III		NAME	Robert J. Elder			
STREET ADDRESS	3515 SW ASPEN PLACE		STREET ADDRESS	4 Marguerita Drive			
CITY-ST-ZIP	PALM CITY, FL		CITY-ST-ZIP	Stuart, FL 34996			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CRARY, WILLIAM F II		NAME	Jennifer L. Williamson			
STREET ADDRESS	722 SW KEATS AVENUE		STREET ADDRESS	3003 S.W. 28th Street			
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP	Okeechobee, FL 34974			
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCHANAN, LARRY E		NAME				
STREET ADDRESS	2254 SW WHITEMARSH WAY		STREET ADDRESS				
CITY-ST-ZIP	PALM CITY, FL 34990		CITY-ST-ZIP				
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRARY, LAWRENCE E. III		NAME				
STREET ADDRESS	231 SE EDGEWOOD DRIVE		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRARY, R. MICHAEL		NAME				
STREET ADDRESS	1 WENDY LANE		STREET ADDRESS				
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP				
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: <u>Lawrence E. Crary III</u> Vice-Pres Lawrence E. Crary III    12/07/06    (772) 247-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #</small>							