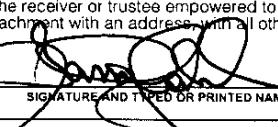


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90128 034 ***150.00

DOCUMENT # 465087 1. Entity Name BLANCHARD, MERRIAM, ADEL & KIRKLAND, P.A.					
Principal Place of Business 4 S.E. BROADWAY STREET OCALA, FL 34471 US			Mailing Address P O BOX 1869 N/A OCALA, FL 34478 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BLANCHARD, DOCK 4 S.E. BROADWAY STREET OCALA, FL 34471				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 _____ 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, DOCK 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRIAM, LAUREN E III 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADEL, GARRY D. 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKLAND, R COLT 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose H. Cortes, Jr. 4 SE Broadway Street, P.O.Box 1869 Ocala, FL 34478	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 		Garry D. Adel		3/17/2006 (352) 732-7218	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	