


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90151 018 \*\*\*150.00


**DOCUMENT # 493392**  
 1. Entity Name  
 JOHNSON, POPE, BOKOR, RUPPEL & BURNS, P.A.



Principal Place of Business: 911 CHESTNUT ST., P.O. BOX 1368, CLEARWATER, FL 33756  
 Mailing Address: 911 CHESTNUT ST., P.O. BOX 1368, CLEARWATER, FL 33756

**DO NOT WRITE IN THIS SPACE**

40064600



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1640245	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HAGUE, CAROL A  
 911 CHESTNUT STREET  
 CLEARWATER, FL 33756

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

TITLE	<b>VP</b>
NAME	RICHARDS, DARRYL R
STREET ADDRESS	911 CHESTNUT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	<b>VP</b>
NAME	LITTLE, MICHAEL G
STREET ADDRESS	911 CHESTNUT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	<b>VP</b>
NAME	MARKHAM, MICHAEL C
STREET ADDRESS	911 CHESTNUT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	<b>P</b>
NAME	ARMSTRONG, E. D. III
STREET ADDRESS	911 CHESTNUT STREET
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:  **ED ARMSTRONG, III**  
 4-17-06 727.461.1818  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #