

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90015 010 ***150.00

DOCUMENT # 584502 1. Entity Name RICHARD A. SPAHN & ASSOCIATES, P.A.			
Principal Place of Business 3442 SE LAKE WEIR AVE OCALA, FL 34471 US		Mailing Address 3442 SE LAKE WEIR AVE OCALA, FL 34471 US	
2. Principal Place of Business 12700 SW 112TH ST RD		3. Mailing Address 12700 SW 112TH ST RD	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DUNNELLON FLA		City & State DUNNELLON, FLA	
Zip 34432		Zip 34432	
Country USA		Country USA	
6. Name and Address of Current Registered Agent SPAHN, RICHARD A. 12700 SW 112TH ST ROAD DUNNELLON, FL 34432		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 SPAHN, RICHARD A. 12700 SW 112TH ST ROAD DUNNELLON, FL 34432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SPAHN, RICHARD A. 12700 SW 112TH ST ROAD DUNNELLON, FL 34432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: RICHARD A. SPAHN		REGISTERED AGENT Date: 03/23/06 Daytime Phone #: 352-489-6553	