


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90037 028 \*\*\*150.00

<b>DOCUMENT # 590701</b> 1. Entity Name <b>EDMISTON &amp; EDMISTON, CERTIFIED PUBLIC ACCOUNTANTS, P.A.</b>					
Principal Place of Business <b>17 CORDOVA STREET ST. AUGUSTINE, FL 32085-7129</b>			Mailing Address <b>17 CORDOVA STREET ST. AUGUSTINE, FL 32085-7129</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip <b>32084</b>		Country		Zip <b>32084</b>	
Country		4. FEI Number <b>59-1850562</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
<b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>EDMISTON, MARGARET G. 17 CORDOVA STREET ST AUGUSTINE, FL 32084</b>			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMISTON, JR, W C 36 ST AUGUSTINE BLVD. ST AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EDMISTON, MARGARET ANN 36 ST AUGUSTINE BLVD. ST AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD EDMISTON, MARGARET G. 134 PELICAN REEF DR ST AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V USINA-MORSE, ELIZABETH 4351 PALM STREET SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u>Margaret G. Edmiston</u> <b>Margaret G. Edmiston</b> <u>2/4/06</u> <u>904-824-9192</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					