

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

1215

5400-176-000  
**FILED**  
May 01, 2006 08:00 AM  
Secretary of State

**DOCUMENT # 601140**

1. Entity Name  
LEVIN, PAPANTONIO, THOMAS, MITCHELL, ECHSNER &  
PROCTOR, P.A.



Principal Place of Business  
316 S. BAYLEN STREET., SUITE 600  
P.O. BOX 12308  
PENSACOLA, FL 32502 US

Mailing Address  
316 S. BAYLEN STREET., SUITE 600  
P.O. BOX 12308  
PENSACOLA, FL 32581 US



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1266412

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SMITH, ROBERT E JY  
316 S BAYLEN ST #600  
PENSACOLA, FL 32502

**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

000000554029  
05/15/06-80077-006 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PROCTOR, MARK J
STREET ADDRESS	316 S. BAYLEN STREET., SUITE 600
CITY - ST - ZIP	PENSACOLA, FL 32581
TITLE	S
NAME	THOMAS, LEO A
STREET ADDRESS	316 S. BAYLEN STREET., SUITE 600
CITY - ST - ZIP	PENSACOLA, FL 32581
TITLE	V
NAME	BLANCHARD, M ROBERT
STREET ADDRESS	316 BAYLEN ST, #600
CITY - ST - ZIP	PENSACOLA, FL 32501
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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: Robert E. Smith, Jr. **ROBERT E. SMITH, JR.** 4/28/06 **850.435.7149**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #