


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90021 024 \*\*\*150.00

<b>DOCUMENT # 602080</b>	
1. Entity Name NEILL, GRIFFIN, TIERNEY, NEILL & MARQUIS, CHARTERED	

Principal Place of Business 311 S SECOND ST FORT PIERCE, FL 34950 US	Mailing Address 311 S SECOND ST FORT PIERCE, FL 34950 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40033000



03172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1289417	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 NEILL, RICHARD V 311 S 2ND ST FORT PIERCE, FL 34950	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOWLER, MICHAEL D 311 SOUTH 2ND ST FORT PIERCE, FL 34950 <input checked="" 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	CD NEILL, RICHARD V 311 SOUTH 2ND ST FORT PIERCE, FL 34950 <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	PD GRIFFIN, CHESTER B 311 SOUTH 2ND ST FORT PIERCE, FL 34950 <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	VD TIERNEY, J. STEPHEN JR. 311 SOUTH 2ND ST FORT PIERCE, FL 34950 <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	VDTS NEILL, RICHARD V JR 311 S 2ND ST FORT PIERCE, FL 34950 <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	VD MARQUIS-ABRAMS, RENEE C 311 S 2ND STREET FORT PIERCE, FL 34950 <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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Date

772-464-8200

Daytime Phone #

ATTACHMENT

LAW OFFICES

NEILL, GRIFFIN, TIERNEY, NEILL & MARQUIS

CHARTERED

311 SOUTH SECOND STREET

SUITE 200

FORT PIERCE, FLORIDA 34950

RICHARD V. NEILL\*

CHESTER B. GRIFFIN\*\*

J. STEPHEN TIERNEY, III

RICHARD V. NEILL, JR.\*

RENÉE MARQUIS-ABRAMS\*

MICHAEL KURTH

\*BOARD CERTIFIED WILLS, TRUSTS & ESTATES LAWYER

\*\*BOARD CERTIFIED TAXATION LAWYER

\*BOARD CERTIFIED CIVIL TRIAL LAWYER

MAILING ADDRESS:

POST OFFICE BOX 1270

FORT PIERCE, FL 34954

TELEPHONE (772) 464-8200

FAX (772) 464-2566

March 17, 2006

Florida Department of State  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

RE: Neill, Griffin, Tierney, Neill, & Maquis, Chartered

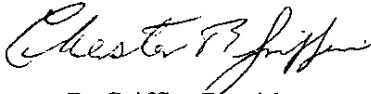
Dear Sir or Madam:

Enclosed is the 2006 For Profit Corporation Annual Report for our firm, Neill, Griffin, Tierney, Neill, & Maquis, Chartered with a one deletion.

Also enclosed is a check in the amount of \$150.00 for filing of the 2006 Annual Report.

If you have any questions, do not hesitate to contact me.

Sincerely,



Chester B. Griffin, President  
CBG/sgs

Enclosures