2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 08:00 AM **Secretary of State** DOCUMENT # 660358 1. Entity Name BINGHAM-TURNER & ASSOCIATES, INC. Principal Place of Business Mailing Address 4400 BAYOU BLVD., STE. 8-D PENSACOLA FL 32503 4400 BAYOU BLVD., STE. 8-D PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2004304 Not Applicat Ζiρ Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BINGHAM, JOHN 8151 KLONDIKE ROAD Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32506 City Zip Code 8. The above no atement or 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fe∺ Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 1171.6 ۷P ☐ Delete MLE Change NAME TURNER, BRETT NAME STREET ADDRESS U00000485932 4400 BAYOU BLVD. STREET ADDRESS 04/13/06-80017-003 150.00 City-S1-78 PENSACOLA FL 32503 CITY-ST-ZIP TITLE Delete DILE Change □ Ais MAM NAME BINGHAM, JOHN STREET ADDRESS 8151 KLONDIKE RD STREET ADDRESS C11Y-ST-21P PENSACOLA, FL 00000 CITY-ST-ZIP mtDelete TITLE ☐ Change NAME STREET ADDRESS STREET AUDRESS CITY-SI-ZIP CHY-ST-ZIP RTLE Delete UTLE Change □ AC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP City-S1-78P TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET AUDHESS CITY-ST-ZIP CITY-ST-ZIP SHIF ☐ Delete ши ☐ Change MARKE STREE! AUDRESS STREET ADDRESS City-St-7P CITY-ST-ZIP

12. I thereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the information conducted 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 under the corporation of the freewer or trouble empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block in changed, or on an directment with an address, with all other like empowered.

BINGHAM

3/27/06 850-494

an address, with all other like empowered.

SIGNATURE

FILED