

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 679258

Entity Name
ACCURATE COURT REPORTERS, INC.



Principal Place of Business

**18 JENKS AVENUE
P.O. BOX 2121
PANAMA CITY, FL 32402**

Mailing Address

**818 JENKS AVENUE
P.O. BOX 2121
PANAMA CITY, FL 32402**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2016847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCALLISTER, SHARON M
2525 BRUCE CT.
PANAMA CITY BEACH, FL 32408**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

OFFICERS AND DIRECTORS

NAME	P
MCALLISTER, SHARON M	
STREET ADDRESS	2525 BRUCE AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32408
NAME	SVP
MCALLISTER, JAMES D SR	
STREET ADDRESS	2525 BRUCE AVE
CITY-ST-ZIP	PANAMA CITY, FL 32408
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
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CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/30/06-80046-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Sharon m mcallister, Pres
Sharon m mcallister

Date

Daytime Phone #

1-20-06