

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14179

FILED
Jan 12, 2006
Secretary of State

Entity Name: RISH, GIBSON, SCHOLZ & GROOM, P.A.

Current Principal Place of Business:

206E 4TH ST
PORT ST JOE, FL 32456 US

New Principal Place of Business:

116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 US

Current Mailing Address:

PO BOX 39
PORT ST JOE, FL 32456 US

New Mailing Address:

FEI Number: 59-2049101 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GIBSON, THOMAS S
206 E 4TH STREET
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

GIBSON, THOMAS S
116 SAILORS COVE DRIVE
PORT ST JOE, FL 32456 US

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.

SIGNATURE: THOMAS S. GIBSON

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBSON, THOMAS S.,
Address: 1303 CONSTITUTION DR
City-St-Zip: PORT ST. JOE, FL

Title: SD () Delete
Name: SCHOLZ, S. RUSSELL
Address: 2105 CONSTITUTION DR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VP () Delete
Name: RISH, WILLIAM J
Address: 206 EAST FOURTH STREET
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: RISH, WILLIAM J
Address: 116 SAILORS COVE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS S. GIBSON

PD

01/12/2006

Electronic Signature of Signing Officer or Director

Date