

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F68614

FILED  
Mar 02, 2006  
Secretary of State

**Entity Name:** PAPPAS METCALF JENKS & MILLER, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

245 RIVERSIDE AVE  
STE 400  
JACKSONVILLE, FL 32202 US

**New Principal Place of Business:**

**Current Mailing Address:**

245 RIVERSIDE AVE  
STE 400  
JACKSONVILLE, FL 32202 US

**New Mailing Address:**

**FEI Number:** 59-2160992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PAPPAS, M. LYNN  
245 RIVERSIDE AVENUE  
SUITE 400  
JACKSONVILLE, FL 322024327 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GREENHUT, STEVEN B  
Address: 245 RIVERSIDE AVE, SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DS ( ) Delete  
Name: JENKS, THOMAS M.,  
Address: 245 RIVERSIDE AVE. SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: TJOFLAT, MARCIA PARKER  
Address: 245 RIVERSIDE AVE. SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DVT ( ) Delete  
Name: MILLER, FRANK E  
Address: 245 RIVERSIDE AVE. SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: DV ( ) Delete  
Name: PAPPAS, M LYNN  
Address: 245 RIVERSIDE AVE. SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: LEAPLEY, ROBERT A JR.  
Address: 245 RIVERSIDE AVE. SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: M. LYNN PAPPAS

DV

03/02/2006

Electronic Signature of Signing Officer or Director

Date