2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F88852

1. Entity Name
BOND, ARNETT, PHELAN, SMITH & CRAGGS, P.A.

Principal Place of Business	Mailing Address
101 SW 3RD ST OCALA, FL 34474	PO BOX 2405 OCALA, FL 34478

01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2200471
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOND, M. THOMAS JR.
101 SW 3RD ST.
OCALA, FL 32670

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOND, M THOMAS JR
STREET ADDRESS	4661 SE 17TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	V
NAME	PHELAN, WILLIAM H JR
STREET ADDRESS	1320 SE 39TH CT
CITY-ST-ZIP	OCALA, FL 34471
TITLE	S
NAME	ARNETT, JOHN W
STREET ADDRESS	2020 NW 55TH AVE RD
CITY-ST-ZIP	OCALA, FL 34482
TITLE	VP
NAME	SMITH, CHARLES M
STREET ADDRESS	2121 SE 11TH ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	VP
NAME	CRAGGS, ANN MELINDA
STREET ADDRESS	110 N.W. 1ST AVENUE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/17/06-00049-003 150.00

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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: _____ 3/28/06 352-622-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #