

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F92109 1. Entity Name JOHN D. MUSSOLINE, A PROFESSIONAL ASSOCIATION					
Principal Place of Business 415A ST JOHNS AV PALATKA FL 32177-4724 US			Mailing Address 415A ST JOHNS AV PALATKA FL 32177-4724 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2236617	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUSSOLINE, JOHN D 415A ST JOHNS AV PALATKA FL 32177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	PD MUSSOLINE, JOHN D	415A ST JOHNS AV	PALATKA FL 32177		
	S GLISSON, PATSY V	415 ST JOHNS AVE STE A	PALATKA FL 32177	Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
		UN00000406306 02/07/06-80083-006 150.00			
		Change <input type="checkbox"/> Add <input type="checkbox"/>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John D. Mussoline* **JOHN D. MUSSOLINE** 1-17-06 386-328-7426