## 2006 FOR PROFIT CORPORATION

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ANNUAL REPORT				Jan 31, 2006 08:00			
1. Entity Nam	MENT # F9600000217 H AND JOHN LITTLE ELECTR		Secretary of Sta				
Principal Place 2570 HALLS MOBILE, AL	MILL RD	lailing Address 2570 HALLS MILL RD MOBILE, AL 36606 US	p and	 }   <b>       </b>			
	O NOT WRITE II	N THIS SPA	CE	01242006 4. FEI Numbe 63-114		CR2E034 (	
				5. Certificate	of Status Desired		<b>75</b> Additional Required
PARALEGAL & ATTORNEY SERVICE BUREAU, INC. 1406 HAYS ST., STE 2 TALLAHASSEE, FL 32301  8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE  ed office or registered agent, or both, in the State of Floridà. I am famillar with, and accep				
the obligat	tions of registered agent.  Substature, typed or printed name of registered agent and lifter	if applicable ONOTE Registers	d Agent signature <sup>*</sup> réq;itres	i when ให้เกรเสบิกดา	<u> </u>	DATE~	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing _ \$5	.00 May Be	U00000 02/08/06	409511	0.150.00
TITLE NAME STREET ADDRESS CITY - S7-ZIP	OFFICERS AND DIRE PST SMITH, TERRELL K 2570 HALLS MILL ROAD MOBILE, AL	CTÓRS		<del></del>		-	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	V LITTLE, JOHN M 2570 HALLS MILL ROAD MOBILE, AL						
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with the filing elees not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report of the 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 turstee annoward 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 one like empowered.

SIGNATURE:

NAME STREET ADDRESS

HILE NAME STREET ADDRESS CITY -ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS City-St-ZIP

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-06