
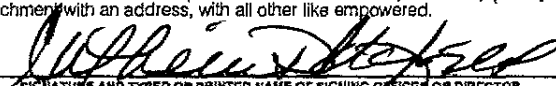


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G44760</b> 1. Entity Name M OF TALLAHASSEE, INC.		
Principal Place of Business 4223 CAPITAL CIR. NW TALLAHASSEE, FL 32303	Mailing Address 4223 CAPITAL CIR. NW TALLAHASSEE, FL 32303	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  WILKINSON, BEN H. 3375-A CAPITAL CIRCLE, N.E. TALLAHASSEE, FL 32317-0527		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MAYFIELD, EMORY L 4223 CAPITAL CIR. N.W. TALLAHASSEE, FL 00000,	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MAYFIELD, WILLIAM 4223 CAPITAL CIR. N.W. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP MAYFIELD, CATHY 4223 CAPITAL CIR. N.W. TALLAHASSEE, FL 32303	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/22/06 850-562-1022 Date Daytime Phone #



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2280870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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03/14/06-80053-012 150.00