



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90180 048 ***150.00

DOCUMENT # G94042 1. Entity Name SCRUGGS & CARMICHAEL, P.A.					
Principal Place of Business ONE SOUTHEAST FIRST AVENUE GAINESVILLE, FL 32601			Mailing Address ONE SOUTHEAST FIRST AVENUE GAINESVILLE, FL 32601		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 59-2391595				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUSHMAN ESQ, STAN ONE SOUTHEAST FIRST AVENUE GAINESVILLE, FL 32601			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUSHMAN, STAN ONE SOUTHEAST FIRST AVE GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stinson, John S. One SE First Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANEY, PHILIP A. ONE SOUTHEAST FIRST AVE GAINESVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daly, Kevin One SE First Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AUSTIN, MITZI C. ONE SOUTHEAST FIRST AVE GAINESVILLE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dollinger, Jeffrey D. One SE First Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACHE, JAMES G JR. ONE SOUTHEAST FIRST AVE. GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ivey, Raymond M. One SE First Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRASWELL, JEFFERSON M ONE SE 1ST AVE GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jurecko, Kevin One SE First Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAIER, FRANK P ONE SOUTHEAST FIRST AVE. GAINESVILLE, FL 32601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Specie, Karen One SE First Avenue Gainesville, FL 32601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Stan Cushman, P.A.</u> STAN CUSHMAN, P.A. Date: <u>4/16/08</u> Daytime Phone #: <u>352-376-5242</u>					

ATTACHMENT

60035503

694042

TITLE: D

NAME:

STREET ADDRESS:

CITY-ST-ZIP

ADDITION

LITTELL, CHARLES

ONE SOUTHEAST FIRST AVENUE

GAINESVILLE, FL 32601

TITLE: D

NAME:

STREET ADDRESS:

CITY-ST-ZIP

ADDITION

MARTIN, ELIZABETH

ONE SOUTHEAST FIRST AVENUE

GAINESVILLE, FL 32601

TITLE: DS

NAME:

STREET ADDRESS:

CITY-ST-ZIP

ADDITION

STINSON, KIRSTIN

ONE SOUTHEAST FIRST AVENUE

GAINESVILLE, FL 32601