

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H47261

FILED  
Mar 17, 2006  
Secretary of State

Entity Name: MCCLAIN & SMOAK, P.A.

## Current Principal Place of Business:

1000 N ASHLEY DR  
SUITE 317  
TAMPA, FL 33602 US

## Current Mailing Address:

1000 N ASHLEY DR  
SUITE 317  
TAMPA, FL 33602 US

## New Principal Place of Business:

1000 N ASHLEY DR  
SUITE 500  
TAMPA, FL ` US

## New Mailing Address:

1000 N ASHLEY DR  
SUITE 500  
TAMPA, FL 33602 US

FEI Number: 59-2646863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCLAIN, DAVID H.  
1000 N ASHLEY DR  
SUITE 317  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

MCCLAIN, DAVID H.  
1000 N ASHLEY DR  
SUITE 500  
TAMPA, FL 33602 US

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.

SIGNATURE: DAVID H. MCCLAIN

03/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: MCCLAIN, DAVID H  
Address: 1000 N ASHLEY DR, STE 105  
City-St-Zip: TAMPA, FL

Title: VPSD ( ) Delete  
Name: SMOAK, WILLIAM G  
Address: 1000 N ASHLEY DR  
City-St-Zip: TAMPA, FL 33602 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: MCCLAIN, DAVID H  
Address: 1000 N ASHLEY DR, STE 500  
City-St-Zip: TAMPA, FL

Title: VPSD (X) Change ( ) Addition  
Name: SMOAK, WILLIAM G  
Address: 1000 N ASHLEY DR, STE 500  
City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM G. K. SMOAK

VPD

03/17/2006

Electronic Signature of Signing Officer or Director

Date