

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # H61308		
1. Entity Name KUTCHINS & BISHOP, P.A.		
Principal Place of Business P.O. BOX 1063 (34677) OLDSMAR, FL 34677		Mailing Address P.O. BOX 1063 (34677) OLDSMAR, FL 34677
DO NOT WRITE IN THIS SPACE		
		 02062006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2544665 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 KUTCHINS, BRYAN A 3974 TAMPA ROAD OLDSMAR, FL 34677		DO NOT WRITE IN THIS SPACE
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 retaking) <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS KUTCHINS, BRYAN A. 3974 TAMPA ROAD OLDSMAR, FL 34677	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-24-06 <small>Date</small> <small>Daytime Phone #</small>