## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

STREET ADDRESS UTY-51-2P

SIGNATURE:

## **FILED** Mar 17, 2006 08:00 AM Secretary of State **DOCUMENT # H75840** VAUGHAN & VAUGHAN ASSOCIATES, INC. Principal Place of Business Mailing Address 1620 COMBEE ROAD 1620 COMBEE ROAD LAKELAND, FL 33801 LAKELAND, FL 33801 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 59-2697951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VAUGHAN, ROD L DO NOT WRITE 1620 S. COMBEE RD LAKELAND, FL 33801 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. Signature, typed or printed name of registered agent and trie it applicable (NOTE, Registered Agent signature required when rematating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 1900000471717 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees na/29/06-90007-025 150.00 OFFICERS AND DIRECTORS 10. DRE VAUGHAN, ROD MAME STREET ADDRESS 1620 S. COMBEE RD CITY-ST-ZP LAKELAND, FL 33801 TITLE NAME STREET ADORESS CITY-ST-ZIP nne NAME SCREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TISLE NAME STREET ADDRESS CITY-ST-ZP BRE STREET ACTURESS DIY-ST-ZIP TITLE NAME

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 path, that I am an officer or director of the corporation or the receiver or trusted 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 withen address, with all other five empowered.

THE NAME OF SIGNING OFFICER OR UTRECTOR

3-16-06 863