

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 1
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DOCUMENT # H93148 1. Entity Name MARY M. CALLAWAY, P.A.		
Principal Place of Business 1600 N PALAFOX ST. P.O. BOX 36097 PENSACOLA, FL 32516	Mailing Address 1600 N PALAFOX ST. P.O. BOX 36097 PENSACOLA, FL 32516	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> 01122006 No Chg-P CR2E034 (11/05) </div>		
4. FEI Number 59-2637785		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 CALAWAY, MARY M. 1600 N PALAFOX ST. P.O. BOX 36097 (ZIP 32516) PENSACOLA, FL 32501		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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		1100000504327 114/26/06-80069-002 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD CALLAWAY, MARY M. 1600 N PALAFOX ST. PENSACOLA, FL	DO NOT WRITE IN THIS SPACE
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>Mary M. Callaway</u> MARY M. Callaway April 10, 2006 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

NAME STREET ADDRESS CITY- ST- ZIP		IN THIS SPACE
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>[Signature]</u> 4/10/06 407.312.7111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		