


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # J60786 1. Entity Name MCFARLAND, GOULD, LYONS, SULLIVAN & HOGAN, P.A.	
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Principal Place of Business 311 S MISSOURI AVE CLEARWATER, FL 33756 US	Mailing Address 311 S. MISSOURI AVE CLEARWATER, FL 33756 US
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01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2779995	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCFARLAND, DONALD O. 311 S. MISSOURI AVENUE CLEARWATER, FL 33516

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFARLAND, DONALD 311 S. MISSOURI AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYONS, GARY W. 311 S. MISSOURI AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULLIVAN, C.A. 311 S. MISSOURI AVENUE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/17/06-80025-025 150.00

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: *Sam W. Lyons, Secy/Director* 1/4/06 (727)461-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR