


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90455 018 \*\*\*150.00

<b>DOCUMENT # J75564</b>	
<b>1. Entity Name</b> DAVISSON F. DUNLAP, JR., P.A.	

<b>Principal Place of Business</b> 2057 DELTA WAY TALLAHASSEE, FL 32303	<b>Mailing Address</b> 2057 DELTA WAY TALLAHASSEE, FL 32303
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**60031823**



<b>2. Principal Place of Business</b> 2065 Thomasville Road Suite, Apt. #, etc. Suite 102 City & State Tallahassee, FL Zip 32308 Country U.S.	<b>3. Mailing Address</b> 2065 Thomasville Road Suite, Apt. #, etc. Suite 102 City & State Tallahassee Zip 32308 Country U.S.
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01302006 Chg-P CR2E034 (11/05)

**4. FEI Number**  
59-1990363

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b> DUNLAP, DAVISSON F JR. 2057 DELTA WAY TALLAHASSEE, FL 32303	<b>7. Name and Address of New Registered Agent</b> Name Davisson F. Dunlap, Jr. Street Address (P.O. Box Number is Not Acceptable) 2065 Thomasville Road Suite 102 City Tallahassee FL Zip Code 32308
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**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<b>NAME</b> DUNLAP, DAVISSON F JR.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2057 DELTA WAY	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303		
<b>TITLE</b> D	<b>NAME</b> DUNLAP, DAVISSON F JR.	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2057 DELTA WAY	<b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32303		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		

**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:** Davisson F. Dunlap, Jr. 4-28-06 850-385-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #