


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J77900</b> 1. Entity Name <b>C F M TRANSCRIPTION SERVICE INC.</b>	
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Principal Place of Business <b>10134 WHISPER RIDGE TRAIL WEEKI WACHEE FL 34613 US</b>	Mailing Address <b>10134 WHISPER RIDGE TRAIL WEEKI WACHEE FL 34613 US</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

4. FEI Number <b>59-2808422</b>	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  <b>SPROUSE, E L 10134 WHISPER RIDGE TRAIL WEEKI WACHEE FL 34613</b>	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete <b>SPROUSE, CYNTHIA MEEKS</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add <b>U00000499773</b>
NAME	<b>10134 WHISPER RIDGE TRAIL</b>	NAME	<b>04/24/06-80042-012 150.00</b>
STREET ADDRESS	<b>WEEKI WACHEE FL 34613</b>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> Delete <b>SPROUSE, EARL LAMAR, JR.</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>10134 WHISPER RIDGE TRAIL</b>	NAME	
STREET ADDRESS	<b>WEEKI WACHEE FL 34613</b>	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Earl L. Sprouse, Jr. **EARL L. SPROUSE, JR.** 4/5/2006 (727) 430-9740