

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 14, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                          |                                                                                              |                                                                                   |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # J90585</b><br>1. Entity Name<br>DOWD, WHITTAKER & ASSOCIATES, C.P.A.'S, P.A.               |                                                                                              |  |
| Principal Place of Business<br>% JOHN F. DOWD<br>1521 SOUTH TAMiami TRAIL, SUITE 303<br>VENICE, FL 34285 | Mailing Address<br>% JOHN F. DOWD<br>1521 SOUTH TAMiami TRAIL, SUITE 303<br>VENICE, FL 34285 |                                                                                   |



07052006 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2845665 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

DOWD, JOHN F.  
1521 SOUTH TAMiami TRAIL  
SUITE 303  
VENICE, FL 34285

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)

U00000570387  
07/14/06-00013-019 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

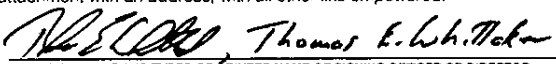
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | D                           |
| NAME           | DOWD, JOHN F.               |
| STREET ADDRESS | 1521 SOUTH TAMiami TRAIL    |
| CITY-ST-ZIP    | VENICE, FL 34285            |
| TITLE          | D                           |
| NAME           | THOMAS E. WHITTAKER         |
| STREET ADDRESS | 1521 S. TAMiami TRAIL, #303 |
| CITY-ST-ZIP    | VENICE, FL 34285            |
| 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**

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:**  Thomas E. Whittaker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/06

Date

941-993-5299

Daytime Phone #