


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90036 029 ***150.00

DOCUMENT # K09605 1. Entity Name HAYNES, MILAS, STERLING, CANO AND MORGAN, P.A.					
Principal Place of Business 1395 WEST BAY DRIVE LARGO, FL 33770			Mailing Address 1395 WEST BAY DRIVE LARGO, FL 33770		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01182006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2862321				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			7. Name and Address of New Registered Agent		
HAYNES, SHIRLEY M. 1935 WEST BAY DR. LARGO, FL 33770			Name: <u>Johnson-Milas, Audrey</u> Street Address (P.O. Box Number is Not Acceptable) <u>1395 WEST BAY DRIVE</u> City: <u>LARGO</u> <u>FL</u> Zip Code: <u>33770</u>		
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 _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, SHERYL M. <input checked="" type="checkbox"/> Delete 1395 WEST BAY DR. LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, AUDREY M. <input type="checkbox"/> Delete 1395 WEST BAY DR. LARGO, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON-MILAS, AUDREY M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1395 WEST BAY DRIVE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERLING, FRAN E. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1395 WEST BAY DRIVE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANO, CARLOS J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1395 WEST BAY DRIVE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, STEVEN R. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1395 WEST BAY DRIVE LARGO, FL 33770	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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> <u>1-24-05</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					