

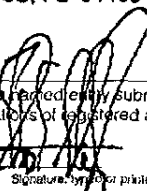
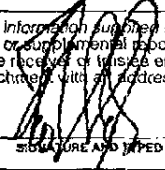


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L41078 1. Entity Name SLAYMAKER AND NELSON, P.A.		
Principal Place of Business C/O THOMAS E. SLAYMAKER 2218 HIGHWAY 44 WEST INVERNESS, FL 34453		Mailing Address C/O THOMAS E. SLAYMAKER 2218 HIGHWAY 44 WEST INVERNESS, FL 34453
DO NOT WRITE IN THIS SPACE		
		01122006 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2982982
		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 SLAYMAKER, THOMAS E., ESQ. 2218 HIGHWAY 44 WEST INVERNESS, FL 34453		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  TE 02-23-06 <small>Signature of officer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> 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		DO NOT WRITE IN THIS SPACE U00000454414 03/15/06-80013-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SLAYMAKER, THOMAS E. 2218 HIGHWAY 44 WEST INVERNESS, FL 34453	
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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. Slaymaker <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02-23-06 352 776-6129 <small>Date Daytime Phone #</small>