


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L43771</b> 1. Entity Name JOHNSON, AUVIL, BROCK & WILSON, P.A.	
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Principal Place of Business 37837 MERIDIAN AVE STE 314 DADE CITY, FL 33525 US	Mailing Address POST OFFICE BOX 2337 DADE CITY, FL 33526 US
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07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2985033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  JOHNSON, LEONARD H. 37837 MERIDIAN AVE SUITE 314 DADE CITY, FL 33525
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**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 \_\_\_\_\_ DATE 07/13/06-80003-002 150.00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, LEONARD H. 37837 MERIDIAN AVE STE 314 ST. LEO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AUVIL, JON L 37837 MERIDIAN AVE STE 314 DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BROCK, P HUTCHISON II 37837 MERIDIAN AVE STE 314 DADE CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, JAMES R 37837 MERIDIAN AVENUE, SUITE 314 DADE CITY, FL 33525
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:** Leonard H. Johnson **Leonard H. Johnson** 7/10/06 352-567-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #