2006 FOR PROFIT CORPORATION

FILED Jan 17, 2006 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # M64090 E. LARRY SEWELL, P.A. Mailing Address Principal Place of Business 3277 FRUITVILLE ROAD 3277 FRUITVILLE ROAD SUITE F SARASOTA, FL 34237 SARASOTA, FL 34237

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6. Name and Address of Current Registered Agent

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D1122006	No Chg-P	CR2E034 (11/05)

4. FEI Number		Applied For		
65-0023712	_ [Not Applicable		
5. Certificate of Status Desired		75 Additional Required		
		-		

SEWELL, E. LARRY 3277 FRUITVILLE RD. UNIT F SARASOTA, FL 34237

1. Entity Name

SUITE F

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1/13/6

SAIV-1001	A, I L 04231	·				_	
8. The above the obligat	named entity submits this statement for the coons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bol	h, in the State of Florida. 1 as	m familiar w	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered		e required when reinstating)	DATE	<u></u>	
FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Finan Trust Fund Contribution. Trust Fund Contribution.		\$5.00 May Be Added to Fees		. 15	
10.	OFFICERS AND DIRE	CTORS					
NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, E. LARRY 3277 FRUITVILLE RD., UNIT F SARASOTA, FL 34237	**					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ •	01/19/06-8001:		150.00
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NAME STREET ADDRESS CITY-ST-ZIP		· upi Derrija		an ² a a a p ² se			<u>-</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,					
12.) hereby indicated of the co	certify that the information supplied with this of on this report or supplemental report is trie receiver of trustee empowers, or on an attachment with an address, with a	filling does not qualify for the ext and accurate and that my signa ed to execute this report as requi	emptions co ture shall ha red by Cha	ontained in Chapter 11: ave the same legal effe pter 607, Florida Statuli	 Florida Statutes. I further oct as if made under oath; that es; and that my name appea 	certily that to t I am an off rs In Block	he Information licer or director 10 or Block 11 if