


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M65476 1. Entity Name FLOYD S. SALSER, JR. & ASSOCIATES, INC.	
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Principal Place of Business 3925 SW 13TH STREET OCALA, FL 34474 US	Mailing Address PO BOX 772887 OCALA, FL 34477-2887 US
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DO NOT WRITE IN THIS SPACE



06072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2879074	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALSER, CONNIE K 2812 SE 31 ST OCALA, FL 34471

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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 _____

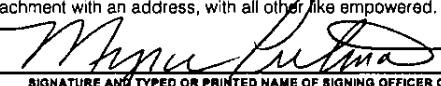
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP SALSER, FLOYD S., JR. 2812 SE 31ST STREET OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALSER, CONNIE K. 2812 SE 31ST ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PUTMAN, MYRA 3373 SE 149 LANE SUMMERFIELD, FL 34491
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/13/06-80006-003 558.75

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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:  **Myra Putman** 6/7/06 352-694-7195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #