


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005514 1. Entity Name FLORIDA SMALL LEC POLITICAL ACTION COMMITTEE, INC.	
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Principal Place of Business 1455 CANE CREEK ROAD QUINCY, FL 32351	Mailing Address 1455 CANE CREEK ROAD QUINCY, FL 32351
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0740389	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

SHEHEANE, HERB
1455 CANE CREEK ROAD
QUINCY, FL 32351

**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 Herb Sheheane 2-6-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

U000000425079
02/18/06-80080-005 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEHEANE, HERB 1455 CANE CREEK ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNER, LEON 130 NORTH 4TH STREET MACCLENNY, FL 32063
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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 617, 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: Herb Sheheane 2-6-06 850-566-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #