

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090681

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** FLORIDA HEADSET SUPPLY INCORPORATED

**Current Principal Place of Business:**

8709 ATLANTIC BLVD  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5217  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**FEI Number:** 59-3681180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIMP, THAD A  
6345 FERBER RD.  
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

SHIMP, THAD A  
8151 MAR DEL PLATA ST E  
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: THAD A. SHIMP

04/27/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: SHIMP, JOANN A  
Address: 8709 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: PT ( ) Delete  
Name: SHIMP, THAD A  
Address: 8709 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

Title: V ( ) Delete  
Name: SHIMP, JENNIFER  
Address: 8709 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THAD A. SHIMP

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date