


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90272 011 ***150.00

DOCUMENT # P01000006434 1. Entity Name SEARS FINANCIAL SERVICES, INC.			
Principal Place of Business 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504		Mailing Address 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504	
2. Principal Place of Business 6160 N. Davis Hwy Suite 8		3. Mailing Address 6160 N. Davis Hwy Suite 8	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32504		Zip 32504	
6. Name and Address of Current Registered Agent SEARS, WILLIAM W 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name Sears, M. ANN Street Address (P.O. Box Number is Not Acceptable) 6160 N. Davis Hwy, Suite 8 City Pensacola, FL FL Zip Code 32504	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEARS, WILLIAM W 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sears, William W. 6160 N. Davis Hwy, Ste 7 Pensacola, FL 32504 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEARS, M. ANN 6160 N DAVIS HWY STE 7 PENSACOLA, FL 32504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, VP, S, T Sears, M. ANN 6160 N. Davis Hwy, Ste 8 Pensacola, FL 32504 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>M. Ann Sears</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/30/05 850-479-1090 <small>Date Daytime Phone #</small>	