## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000020750

City-St-Zip:

JACKSONVILLE, FL 32202 US

CAMEDIENICO O DDIVED DA

FILED May 01, 2006 Secretary of State

Entity Name: CAMERLENGO & DRIVER, P.A.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	RY BOULEVAR	RD			
SUITE 300 JACKSON	VILLE, FL 322 <sup>.</sup>	11 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
644 CESER SUITE 300	RY BOULEVAR	RD			
	VILLE, FL 322	11 US			
FEI Number:	59-3700004	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202 US			644 CESERY BLVD SUITE 300		
The above in the State	named entity s of Florida.	ubmits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JOSEPH V. CAMERLENGO, JR.				05/01/2006	
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CAMERLENGO,	DULEVARD, SUITE 300	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DRIVER, JR., G.	ENT DRIVE, SUITE 1200	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	MCAFEE, MATT	Delete HEW S JENT DRIVE, SUITE 1200	Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: JOSEPH V. CAMERLENGO, JR. **PSD** 05/01/2006