2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P01000045303

Entity Name: MEHARCO, INC.

Current Principal Place of Business:

6600 N. DAVIS HWY
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6600 NORTH DAVIS HIGHWAY
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3715789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MEHAFFEY, CHARLES S
2868 WHISPER BAY BLVD
GULFBREEZE, FL 32563 US

Name and Address of New Registered Agent:

HARRIS, AMANDA L
4906 BERKELEY FOREST BLVD
GULF BREEZE, FL 32563 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: AMANDA L. HARRIS 04/25/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MEHAFFEY, CHARLES S
Address: 2868 WHISPER BAY BLVD
City-St-Zip: GULF BREEZE,, FL 32563

Title: VP ( ) Delete
Name: HARRIS, STEPHEN W
Address: 4692 RIDGE POINTE DR
City-St-Zip: PACE, FL 32571

Title: S ( ) Delete
Name: MEHAFFEY, SUSIE P
Address: 2868 WHISPER BAY BLVD
City-St-Zip: GULF BREEZE,, FL 32563

Title: T ( ) Delete
Name: HARRIS, AMANDA L
Address: 4692 RIDGE POINTE DR
City-St-Zip: PACE, FL 32571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HARRIS, STEPHEN W
Address: 4906 BERKELEY FOREST BLVD
City-St-Zip: GULF BREEZE,, FL 32563

Title: VP (X) Change ( ) Addition
Name: HARRIS, AMANDA L
Address: 4906 BERKELEY FOREST BLVD
City-St-Zip: GULF BREEZE, FL 32563

Title: S (X) Change ( ) Addition
Name: HARRIS, AMANDA L
Address: 4906 BERKELEY FOREST BLVD
City-St-Zip: GULF BREEZE,, FL 32563

Title: T (X) Change ( ) Addition
Name: HARRIS, STEPHEN W
Address: 4906 BERKELEY FOREST BLVD
City-St-Zip: GULF BREEZE, FL 32563

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: AMANDA L. HARRIS VP/S 04/25/2006
Electronic Signature of Signing Officer or Director Date