

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050705

FILED
Jan 09, 2006
Secretary of State

Entity Name: MERRICKS, HALE & SWOPE, P.A.

Current Principal Place of Business:

2450 SUNSET POINT RD
STE D
CLEARWATER, FL 33765

New Principal Place of Business:

2450 SUNSET POINT RD
CLEARWATER, FL 33765

Current Mailing Address:

2450 SUNSET POINT RD
STE D
CLEARWATER, FL 33765

New Mailing Address:

2450 SUNSET POINT RD
CLEARWATER, FL 33765

FEI Number: 59-3719796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWOPE, SCOTT P
2450 SUNSET POINT RD
STE D
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

SWOPE, SCOTT P
2450 SUNSET POINT RD
CLEARWATER, FL 33765 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: SCOTT P. SWOPE

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SWOPE, SCOTT P
Address: 2450 SUNSET POINT RD STE D
City-St-Zip: CLEARWATER, FL 33765

Title: DVT () Delete
Name: HALE, H J
Address: 2450 SUNSET POINT ROAD STE D
City-St-Zip: CLEARWATER, FL 33765

Title: DVS () Delete
Name: MERRICKS, HOWARD S
Address: 2450 SUNSET POINT ROAD STE D
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: SWOPE, SCOTT P
Address: 2450 SUNSET POINT RD
City-St-Zip: CLEARWATER, FL 33765

Title: DVT (X) Change () Addition
Name: HALE, H J
Address: 2450 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: DP (X) Change () Addition
Name: MERRICKS, HOWARD S
Address: 2450 SUNSET POINT ROAD
City-St-Zip: CLEARWATER, FL 33765

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: SCOTT P. SWOPE

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01/09/2006

Electronic Signature of Signing Officer or Director

Date