## Pd CK# 3642 - 4/21/06

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT-

## Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # P01000104200 1. Entity Name ARTHUR, DOUGLAS & ASSOCIATES, INC. Principal Place of Business Mailing Address 5011 HWY 17-92 5011 HWY 17-92 CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 No Chg-P 04212006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3753716 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BATSON, ARTHUR R DO NOT WRITE 5011 S HWY 17-92 CASSELBERRY, FL 32707 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000532809 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 05/06/06-80038-015 150.00 OFFICERS AND DIRECTORS BATSON, ARTHUR R STREET ADDRESS 5011 HWY 17-92 CASSELBERRY, FL 32707 STREET ADDRESS STREET ADDRESS DO NOT WRITE IN THIS SPACE STREET ADDRESS STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

10.

SHE

NAME

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP TITLE

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF

FILED