

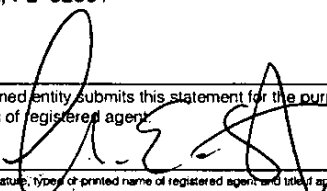
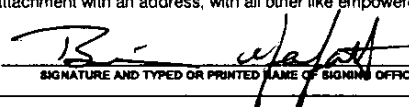


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90407 008 ***150.00

DOCUMENT # P02000004295 1. Entity Name L. E. SHONTZ & ASSOCIATES, INC.					
Principal Place of Business 98 E GARDEN ST PENSACOLA, FL 32501			Mailing Address 98 E GARDEN ST PENSACOLA, FL 32501		
2. Principal Place of Business 600 S. BARRACK Suite, Apt. #, etc. Ste 210-2		3. Mailing Address P.O. Box 13185 Suite, Apt. #, etc.			
City & State PENSACOLA, FL		City & State PENSACOLA, FL		4. FEI Number 13-4218806	
Zip 32503		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHONTZ, L. E. 98 E GARDEN ST PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name L. E. Shontz Street Address (P.O. Box Number is Not Acceptable) 600 S. BARRACK ST City Ste 210-2 PENSACOLA FL Zip Code 32502			
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  DATE 4-26-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D SHONTZ, L. E. <input type="checkbox"/> Delete 98 E GARDEN ST PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 S. BARRACK ST Ste 210-2 PENSACOLA, FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHONTZ, MARY M <input type="checkbox"/> Delete 98 E GARDEN ST PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 S. BARRACK ST Ste 210-2 PENSACOLA, FL 32502	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOFORTH, BRIAN L <input type="checkbox"/> Delete 98 E GARDEN ST PENSACOLA, FL 32501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 S. BARRACK ST Ste 210-2 PENSACOLA, FL 32502	
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: 			4/26/06 850 470-0532 <small>Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					