

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000034676

Entity Name: ASHLEY M. MYERS, P.A.

FILED
Jun 29, 2006
Secretary of State

Current Principal Place of Business:

1003 WEST CLEVELAND ST
TAMPA, FL 33606

New Principal Place of Business:

4595 LEXINGTON AVENUE
100
JACKSONVILLE, FL 32210 US

Current Mailing Address:

1003 WEST CLEVELAND ST
TAMPA, FL 33606

New Mailing Address:

4595 LEXINGTON AVENUE
100
JACKSONVILLE, FL 32210 US

FEI Number: 37-1425127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, ASHELY
1003 W CLEVELAND STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

MYERS, ASHLEY M MRS.
4595 LEXINGTON AVENUE
100
JACKSONVILLE, FL 32210 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: ASHLEY M. MYERS

06/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYERS, ASHLEY M
Address: 1003 WEST CLEVELAND STREET
City-St-Zip: TAMPA, FL 33606 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MYERS, ASHLEY M MRS.
Address: 4595 LEXINGTON AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

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: ASHLEY M. MYERS

PD

06/29/2006

Electronic Signature of Signing Officer or Director

Date