

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 041 ***150.00

DOCUMENT # P02000059221

1. Entity Name
PENNINGTON, MOORE, WILKINSON, BELL & DUNBAR - TAMPA, P.A.



Principal Place of Business
**215 S. MONROE ST., SECOND FLOOR
TALLAHASSEE, FL 32301**

Mailing Address
**215 S. MONROE ST., SECOND FLOOR
TALLAHASSEE, FL 32301**

40040000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-P

CR2E034 (11/05)

4. FEI Number
03-0453314

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILKINSON, CATI C
215 S. MONROE ST., SECOND FLOOR
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
**P
MOORE, MURRAY JR
2410 KILLARNEY WAY
TALLAHASSEE, FL 32309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
John Wiley Horton
215 S. Monroe St, 2nd Floor
Tallahassee, FL 32301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
PELHAM, JOHN
3433 WELWYN WAY
TALLAHASSEE, FL 32309** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
Martha Edenfield
215 S. Monroe St, 2nd Floor
Tallahassee, FL 32301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
THOMAS, MICHAEL J
262 HEMLEY LOOP
TALLAHASSEE, FL 32312** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
Kory Ickler
215 S. Monroe St, 2nd Floor
Tallahassee, FL 32301** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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:

Cathi C. Wilkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

Date

Daytime Phone #