
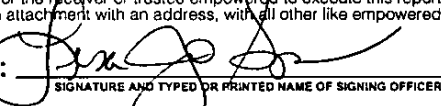


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90162 024 ***150.00

DOCUMENT # P02000122860 1. Entity Name FLEET, SPENCER & KILPATRICK, P.A.					
Principal Place of Business 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541			Mailing Address 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541		
2. Principal Place of Business 35008 Emerald Coast Parkway			3. Mailing Address 35008 Emerald Coast Parkway		
Suite, Apt. #, etc. Suite 203			Suite, Apt. #, etc. Suite 203		
City & State Destin, FL			City & State Destin, FL		
Zip 32541		Country USA		4. FEI Number 04-3726505	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KILPATRICK, WILLIAM G JR 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Kilpatrick, William G., Jr. Street Address (P.O. Box Number is Not Acceptable) 35008 Emerald Coast Parkway, Suite 203 City Destin FL Zip Code 32541		
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 _____ <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 FLEET, H. BART 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fleet, H. Bart 35008 Emerald Coast Parkway, Suite 203 Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, LISA JO 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spencer, Lisa Jo 35008 Emerald Coast Parkway, Suite 203 Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILPATRICK, WILLIAM G JR 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kilpatrick, William G., Jr. 35008 Emerald Coast Parkway, Suite 203 Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, DEBBIE 35008 EMERALD COAST PARKWAY SUITE 202 DESTIN, FL 32541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Phillips, Deborah 35008 Emerald Coast Parkway, Suite 203 Destin, FL 32541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 		Lisa Jo Spencer		3/07/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	