


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90027 026 \*\*\*150.00

<b>DOCUMENT # P04000094713</b> 1. Entity Name <b>DAVID B. MARSHALL, P.A.</b>					
Principal Place of Business <b>SOUTHBRIDGE PROFESSIONAL PLAZA 115 N TAMiami TRAIL - UNIT 8 NOKOMIS, FL 34275</b>			Mailing Address <b>SOUTHBRIDGE PROFESSIONAL PLAZA 115 N TAMiami TRAIL - UNIT 8 NOKOMIS, FL 34275</b>		
2. Principal Place of Business <b>1800 SECOND STREET</b> Suite, Apt. #, etc. <b>770</b>			3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.		
City & State <b>SARASOTA, FL</b>			City & State		
Zip <b>34236</b>		Country <b>SARASOTA</b>		4. FEI Number <b>20-1274713</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARSHALL, DAVID B SOUTHBRIDGE PROFESSIONAL PLAZA 115 N TAMiami TRAIL - UNIT 8 NOKOMIS, FL 34275</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 SECOND STREET</b> <b>SUITE 770</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34236</b>		
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: <u>David B. Marshall</u> <span style="float: right;">7/5/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, DAVID B 115 N TAMiami TRAIL, UNIT B NOKOMIS, FL 34275		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSHALL, DAVID B. 1800 SECOND STREET, SUITE 770 SARASOTA, FL 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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: <u>David B. Marshall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/5/06 941-365-1166 <small>Date Daytime Phone #</small>		

**50022025**



07052006 Chg-P CR2E034 (11/05)