2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2006 8:00 am Secretary of State

ANNUAL REPORT				Secretary of State	
DOCUMENT # P04000095752 1. Enlity Name HADLEY & LANDRIGAN, P.A.				01-10-2006 90033 043 ***150.00	
Principal Plac		Mailing Address	20 11	50000000	
13575 - 581 Suite 136 Clearwater	ih street north R, FL 33760	13575 - 58TH STREET N Suite 136 Clearwater, Fl 33760			
2. Principal F	Place of Business 7 140* Ave 16th	3. Mailing Address 4707 140 ft	the Nor		
Suite, Apt.	6 910	Suite, Apr. #, etc.	D	01062006 Chg-P CR2E034 (11/05)	
City & Stat	whor Harda	City & State Clear water F	-wida	4. FEI Number Applied For 20-1289967 Not Applicable	
337	62 Country	33764	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
LANDRIGAN, TODD P 13575 - 58TH STREET NORTH			Name Street Ac	Landrigan Tool V. Address (P.O. Box Number is Not Acceptable)	
#136	ATER, FL 33760		4	707 140th fue North Suite 210	
1			City	ear rater FL Zip Code 3376	
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, hyperon prifed name of registered agent and little if applicate. (NOTE: Registered Agent signature required when reinstating) DATE					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Section Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ITLE	P LANDRIGAN, TODD P	• Delete	TITLE NAME	Visident Tool 1. Change Addition	
STREET ADDRESS	13575 - 58TH STREET NORTH CLEARWATER, FL 33760		STREET ADDRESS CITY-ST-ZIP	you you see North 5-ite 210 Cleanater Florida 33762	
 	VP			Clear worther Fronted 33169	
	HADLEY, KENNETH L	☐ Detete	TITLE NAME	Hadley Kenneth L	
\$TREET ADDRESS CITY-ST-ZIP	13575 - 58TH STREET NORTH CLEARWATER, FL 33760		STREET ADDRESS CITY-ST-ZIP	4707 140th Ave North Suite 210 Clarenter Horida 33760	
TITLE		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-ST-ZIP		
ITLE		☐ Delete	TITLE	Change Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
ITLE		☐ Delete	TITLE	Change Addition	
NAME STREET ADDRESS		•	NAME STREET ADDRESS		
CITY-ST-ZIP	•		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Addition	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

\$TREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPED OR PRINTED MAJE OF SIGNING OFFICER OR DIRECTO

116106

727-535-6600

Daytime Phone #