

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90077 039 \*\*\*150.00

DOCUMENT # P04000128992

1. Entity Name  
TOWNSEND & COMPANY, P.A.



Principal Place of Business  
1804 W BAKER ST  
SUITE B  
PLANT CITY, FL 33563

Mailing Address  
1804 W BAKER ST  
SUITE B  
PLANT CITY, FL 33563



2. Principal Place of Business  
1804 W Baker St

3. Mailing Address  
1804 W Baker St

Suite, Apt. #, etc.  
Suite F

Suite, Apt. #, etc.  
Suite F

City & State  
Plant City, FL

City & State  
Plant City, FL

Zip  
33563

Country

Zip  
33563

Country

01152006 Chg-P CR2E034 (11/05)

4. FEI Number  
43-2060056

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

TOWNSEND, MELODY R  
1204 CASON STREET  
PLANT CITY, FL 33563

## 7. Name and Address of New Registered Agent

Name

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

2804 Holloway Road

City  
Plant City

FL

Zip Code  
33567

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 Melody R Townsend

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/2006

**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

TITLE P  
NAME TOWNSEND, MELODY R  
STREET ADDRESS 1204 CASON STREET  
CITY-ST-ZIP PLANT CITY, FL 33563 ☐ Delete

TITLE V  
NAME TOWNSEND, WILLIAM G  
STREET ADDRESS 1204 CASON STREET  
CITY-ST-ZIP PLANT CITY, FL 33563 ☐ Delete

TITLE ST  
NAME OBARR, MARIE M  
STREET ADDRESS 12505 PADDOCK AVE  
CITY-ST-ZIP TAMPA, FL 33618 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2804 Holloway Rd  
CITY-ST-ZIP Plant City, FL 33567

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2804 Holloway Rd  
CITY-ST-ZIP Plant City, FL 33567

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

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

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

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

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: Melody R Townsend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2006 813-744-8081

Date

Daytime Phone #