## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2006 8:00 am Secretary of State

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DOCUMENT # P04000172661  1. Entity Name JOHN MARSH, P.A.				04-27-2006	90202 U3	Z ****150	v.VV	
Principal Place	e of Business	Mailing Address		<b>- 40</b>	067244			
Principal Place of Business  2395 W. HIGHWAY 30A SANTA ROSA BEACH, FL 32459  SANTA ROSA BEACH, FL 32459  Mailing Address P.OBOX 2282 SANTA ROSA BEACH, FL 32459		32459	1	``				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252006	Chg-P	CR2E034	(11/05)	
City & State		City & State		4. FEI Numbe 20-2065			<u></u>	plied For t Applicable
Zip Country		Zip	Country		of Status Desired		8.75 Add	itional
6. Name and Address of Current Registered Agent				7. Name and	Address of New R		· · · · · · · · · · · · · · · · · · ·	<u></u>
			Name					
BRAD CONGLETON CPA, INC., 50 UPTOWN GRAYTON CIRCLE 15			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	OSA BEACH, FL 32459							
			City			FL	Zip Code	9
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	gistered office or regi	stered agent, or bott	n, in the State of Flo	orida. I am fai	miliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	 Registered Agent signature req	ured when renetation)		DATE		<del></del>	
		· · · · · · · · · · · · · · · · · · ·		0.00		Unic		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		- Conta		
		9. Election Campaig  Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
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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 the empowered.

SIGNATURE:

ATTER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/26/06

850-830-3716

Daytime Phone #