## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 08, 2006 8:00 am **DOCUMENT # P05000100539 Secretary of State** 1. Entity Name LAW OFFICES OF SHELLEY GUY REYNOLDS, P.A. 02-08-2006 90003 025 \*\*\*150.00 Principal Place of Business Mailing Address 314 S. BAYLEN ST, SUITE 116 314 S. BAYLEN ST, SUITE 116 PENSACOLA, FL 32502 PENSACOLA, FL 32502 40010209 2. Principal Place of Business 3. Mailing Address 3 W. Garden St. in Garden Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E034 (11/05) Chg-P 5tc City & State Applied For City & State 4. FEI Number 20-316936 Pensaco Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired يدج ۵ AZJ Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REYNOLDS, SHELLEY G Street Address (P.O. Box Number is Not Acceptable) 314 S. BAYLEN ST. SUITE 116 Garden St. PENSACOLA, FL 32502 Zip Code Pensacola 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITI F D ☐ Delete TITLE Change ☐ Addition Reynolds, Shelley G 3 W. Garden St Ste718 REYNOLDS, SHELLEY G NAME NAME STREET ADDRESS 314 S. BAYLEN ST, SUITE 116 STREET ADDRESS Pensacola, FL 32502 CITY-ST-ZIF PENSACOLA, FL 32502 CITY-ST-ZIP TITLE ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ΠΠF ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-7IP 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. SIGNATURE:

FILED

Daytime Phone #