2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# P05000145137

Entity Name: STORY ANNE SARGENT, P.A.

Current Principal Place of Business:

16850 NE 5TH AVE
CITRA, FL 32113

New Principal Place of Business:

2535 NE 97TH ST RD
ANTHONY, FL 32617

Current Mailing Address:

16850 NE 5TH AVE
CITRA, FL 32113

New Mailing Address:

2535 NE 97TH ST RD
ANTHONY, FL 32617

FEI Number: 02-0756222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARGENT, STORY A
16850 NE 5TH AVE
CITRA, FL 32113 US

Name and Address of New Registered Agent:

SARGENT, STORY A
2535 NE 97TH ST RD
ANTHONY, FL 32617 US

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.

SIGNATURE: 07/05/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SARGENT, STORY A
Address: 16850 NE 5TH AVE
City-St-Zip: CITRA, FL 32113

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SARGENT, STORY A
Address: 2535 NE 97TH ST RD
City-St-Zip: ANTHONY, FL 32617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STORY ANNE SARGENT P 07/05/2006
Electronic Signature of Signing Officer or Director — Date