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May 02, 2006 8:00 am
Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000038343

1. Entity Name
SALIWANCHIK, LLOYD & SALIWANCHIK A PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
3107 SW WILLISTON RD GAINESVILLE, FL 32608	PO BOX 142950 GAINESVILLE, FL 32614

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3184392 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALIWANCHIK, DAVID R
~~[illegible]~~
~~[illegible]~~
~~[illegible]~~

3107 SW WILLISTON ROAD
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SALIWANCHIK, DAVID R		NAME		
STREET ADDRESS	8114 SW 42ND AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	LLOYD, JEFF		NAME		
STREET ADDRESS	4830 NW 43RD. ST. APT K-168		STREET ADDRESS	3107 SW WILLISTON ROAD	
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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			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: X David Saliwanchik 4-17-06 352-375-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #