2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

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Entity Name: SWEET, GOSS, PARKER & QUINSEY, P.A.

Current Principal Place of Business:

661 E ALTAMONTE DR
SUITE 318
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

661 E ALTAMONTE DRIVE
SUITE 318
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-3184117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKER, JOHN MD
661 E. ALTAMONTE DR
SUITE 318
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARKER, JOHN V MD
Address: 661 E ALTAMONTE DR STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: SWEET, JON MD
Address: 661 E ALTAMONTE DRIVE STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP ( ) Delete
Name: GOSS, DAVID L MD
Address: 661 E ALTAMONTE DRIVE STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TSD ( ) Delete
Name: QUINSEY, CHRISTOPHER K MD
Address: 661 E ALTAMONTE DRIVE STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition
Name: PARKER, JOHN V MD
Address: 661 E ALTAMONTE DR STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GOSS, DAVID L MD
Address: 661 E ALTAMONTE DRIVE STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Change ( ) Addition
Name: QUINSEY, CHRISTOPHER K MD
Address: 661 E ALTAMONTE DRIVE STE 318
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: DAVID GOSS P 02/03/2006
Electronic Signature of Signing Officer or Director Date