2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2006 08:00 AM DOCUMENT # P94000005267. **Secretary of State** 1. Entity Name CHARLES L. MOLL, JR., C.P.A., P.A. Principal Place of Business Mailing Address 5300 EMERSON ST 5300 EMERSON ST SUITE 1 SUITE 1 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 03012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3218315 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOLL, CHARLES L JR. DO NOT WRITE 5300 EMERSON ST SUITE 1 IN THIS SPACE JACKSONVILLE, FL 32207 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if epplicable INOTE: Registered Agent signature required when relocateting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MOLL, CHARLES L JR. STREET ADDRESS 5300 EMERSON ST SUITE 1 CITY-ST-ZIP JACKSONVILLE, FL 32207 TITLE NAME U00000482641 STREET ADDRESS 04/11/06-80083-017 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE

12. Thereby 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 of direction 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 1 observed to exemption or the receiver of the product with a product with a product with a product of the corporation or the receiver of the product of the product of the product with a product of the product with a product with a product of the product with a product of the product with a product of the product with a prod

SIGNATURE:

NAME
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TITLE
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CITY-ST-ZIP

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

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