


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90027 021 \*\*\*150.00

DOCUMENT # P94000031399

1. Entity Name  
 BERMAN, GAYLOR & JACKSON, P.A.



Principal Place of Business <del>9400 4TH ST N</del> <del>STE 110</del> <del>ST. PETERSBURG, FL 33702</del>	Mailing Address <del>9400 4TH ST N</del> <del>STE 110</del> <del>ST. PETERSBURG, FL 33702</del>
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2. Principal Place of Business <b>2849-PADDOCK DR.</b>	3. Mailing Address <b>2849 PADDOCK DR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01132006 Chg-P CR2E034 (11/05)

City & State <b>PALM HARBOR, FL</b>	City & State <b>PALM HARBOR, FL</b>	4. FEI Number 59-3247730	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34684</b>	Country <b>PINELLAS</b>	Zip <b>34684</b>	Country <b>PINELLAS</b>

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

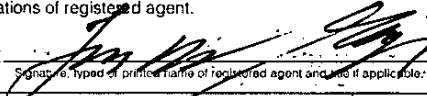
6. Name and Address of Current Registered Agent

GAYLOR, THOMAS W.  
 2849 PADDOCK DR  
 PALM HARBOR, FL 34684

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ State **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:  (NOTE: Registered Agent signature required when reinstalling)

DATE: **1/13/06**

**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 NAME STREET ADDRESS CITY-ST-ZIP	P GAYLOR, H. ELAINE B <del>9400 4TH ST N STE 110</del> <del>ST. PETERSBURG, FL 33702</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2849-PADDOCK DR</b> <b>PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAYLOR, THOMAS W <del>9400 4TH ST N STE 110</del> <del>ST. PETERSBURG, FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2849-PADDOCK DR.</b> <b>PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **THOMAS W. GAYLOR**  
 SECRETARY

Date: **1-13-06** Daytime Phone # \_\_\_\_\_