## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 07, 2006 8:00 am Secretary of State **DOCUMENT # P94000093029** 04-07-2006 90035 008 \*\*\*150.00 MARKEY & FOWLER, P.A. Principal Place of Business Mailing Address 50009893 25 MCLEOD ST. 25 MCLEOD ST MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 59-3286556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOWLER, DANIEL B Street Address (P.O. Box Number is Not Acceptable) 25 MCLEOD ST MERRITT ISLAND, FL 32953 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 DATE Signature, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be $\Box$ Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE MARKEY, KEVIN P NAME NAME STREET ADDRESS 25 MCLEOD STREET STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FOWLER, DANIEL B NAME NAME 25 MCLEOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP supplied with this filling ages not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information lental 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 rustee emportered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address with all other like in powered. 12. I hereby certify that the informati of the corporation or the changed, or on an attack

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

## ATTACHMENT BRINK A MOSES

P.A.

## ATTORNEYS AT LAW

DANIEL B. FOWLER JAY H. FOWLER † BART A. BRINK, LL.M. ALISON J. MOSES

25 McLeod Street Merritt Island, Florida 32953 (321) 453-0547 (321) 453-0958 fax

Paralegal: ROBERTA T. REAUME, CLA, CFLA

†Also admitted to West Virginia Bar

rreaume@fowlerfirm.com

April 5, 2006

**Division of Corporations** P.O. Box 1500 Tallahassee, Florida 32302-1500

Re:

Markey & Fowler, P.A.

Document #: P94000093029

To Whom It May Concern:

Enclosed please find the 2006 Annual Report along with our office account check #1439 in the amount of \$150.00.

Should you require anything further, please do not hesitate to contact me.

Sincerely,

Roberta T. Reaume, CLA, CFLA

Paralegal to Daniel B. Fowler

\rtr Enclosure