

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90035 025 \*\*\*150.00

|   |  |  |   |                                       |  |
|---|--|--|---|---------------------------------------|--|
| <b>DOCUMENT # P95000008068</b>  |  |  |   |                                       |  |
| <b>1. Entity Name</b><br>POOLE & POOLE, P.A.  |  |  |   |                                       |  |
| <b>Principal Place of Business</b><br>303 CENTRE STREET-STE 200<br>FERNANDINA BEACH, FL 32034   |  |  | <b>Mailing Address</b><br>P.O. BOX 1280<br>FERNANDINA BEACH, FL 32035   |                                       |  |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>                                      |   |                                       |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |                                       |  |
| City & State  |  | City & State   |   |                                       |  |
| Zip   | Country  | Zip  | Country   | <b>4. FEI Number</b><br>59-3289033    |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>POOLE, WESLEY R<br>303 CENTRE ST SUITE 200<br>FERNANDINA BEACH, FL 32035  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                       |  |
| <b>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.</b>  |  |  |   |                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |   |                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>    |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>POOLE, WESLEY R<br>2403 LOS ROBLES<br>FERNANDINA BEACH, FL 32034  | <input type="checkbox"/> Delete                                |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>POOLE, H P JR.<br>2202 ASHLEY COURT<br>FERNANDINA BEACH, FL 32034 | <input type="checkbox"/> Delete                                |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  |   |                                       |  |
| <b>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.</b> |  |  |   |                                       |  |
| <b>SIGNATURE:</b> <u>Wesley R Poole</u>   |  | 2/16/06  |   | 904 261-0742                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br>WESLEY R. POOLE, PRESIDENT  |  | Date   |   | Daytime Phone #                       |  |