2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P95000050931 **Secretary of State** 1. Entity Name LAW OFFICES OF JACOB E. COLGROVE, P.A. Principal Place of Business Mailing Address 1570 SHADOWLAWN DR 1570 SHADOWLAWN DR NAPLES FL 34104-4321 NAPLES FL 34104-4321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0593444 Not Applicat Zip Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLGROVE, JACOB E Street Address (P.O. Box Number is Not Acceptable) 1570 SHADOWLAWN DR NAPLES FL 33942 City 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 acceptable the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ A 1.111 TITLE PD ☐ Delete NAME NAME COLGROVE, JACOB E. U000001408704 STREET ADDRESS 1570 SHAWDOWLAWN DRIVE STREET ADDRESS 02/08/06-80066-018 150.00 .CITY-ST-ZIP NAPLES FL CITY - ST - ZIP STD ☐ Defete TITLE Change Ale: TITLE NAME GREEN, DAWN R. NAME STREET ADDRESS STREET ADDRESS 1570 SHADOWLAWN DRIVE CITY - ST-ZIP CITY-ST-ZIP NAPLES FL Delete THUE ☐ Yuu TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-St-7IP THE Delete Change TITLE T Add NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Add™ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP TITLE ☐ Delete ☐ Change ☐ Add" HHF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP

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SIGNATURE: MUNICIPAL Dawn R. Green 1/26/06 239/775-4200

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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 direction of the corporation or the receiver or trustee employeded to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

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