

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000025714			
1. Entity Name BETHANN SCHARRER, P.A.			
Principal Place of Business P O BOX 4550 SEMINOLE, FL 33775-4550 US		Mailing Address P O BOX 4550 SEMINOLE, FL 33775-4550 US	
DO NOT WRITE IN THIS SPACE			
		02122006 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 59-3388490	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROWLEY, VINCENT ESQ 100 SECOND AVE. N., SUITE 350 ST. PETERSBURG, FL 33701		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		PVST SCHARRER, BETHANN 100 SECOND AVE. N., SUITE 350 ST. PETERSBURG, FL 33701	
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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: 		2-13-06 727-392-803	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone</small>	