## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

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## Mar 22, 2006 8:00 am DOCUMENT # P97000003322 **Secretary of State** PAYNE, BARFIELD, HODGE & MARTIN, P.A. 03-22-2006 90023 012 \*\*\*150.00 Principal Place of Business Mailing Address 4800 WEST FAIRFIELD DRIVE 4800 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506 PENSACOLA, FL 32506 50004415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192006 Cha-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3414254 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6... Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARFIELD, CLEMENT W Street Address (P.O. Box Number is Not Acceptable) 4800 WEST FAIRFIELD DRIVE PENSACOLA, FL 32506 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, TITLE □ Delete TITLE Change ☐ Addition BARFIELD, CLEMEMT W NAME NAME STREET ADDRESS 1513 VIA DE LUNA DR STREET ADDRESS 4140 Menendez Dr. CITY-ST-ZIP PENSACOLA BEACH, FL 32561 CITY-ST-ZIP Pensacola, FL 32503 VP Delete TITLE Change Addition NAME BARFIELD, DDS C NAME STREET ADDRESS 4140 MENENDEZ DR STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32503 CITY-ST-7IP TITLE □ Delete TITLE Change \_\_\_ Addition NAME HODGE, JOHN D. NAME STREET ADDRESS 1123 BALSA CT. STREET ADDRESS 1045 Black Walnut Trail CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-7IP Pensacola, FL 32514-1914 TITLE Delete TITLE □ Change ☐ Addition MARTIN, III J NAME NAME STREET ADDRESS 3274 ABEL AVE STREET ADDRESS CITY-ST-ZIP PACE, FL 32571 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITS F Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP 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.

CLEMENT W BARFIELD

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