


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90122 022 \*\*\*150.00

<b>DOCUMENT # P97000040059</b>		01-23-2006 90122 022 ***150.00	
1. Entity Name <b>LONG &amp; ASSOCIATES, INC.</b>			
Principal Place of Business 1701 CHRYSLER AVENUE SARASOTA, FL 34234 US		Mailing Address 1701 CHRYSLER AVENUE SARASOTA, FL 34234 US	
<b>DO NOT WRITE IN THIS SPACE</b>		01172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0745830	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LONG, STANLEY T 1701 CHRYSLER AVENUE SARASOTA, FL 34234		<b>DO NOT WRITE IN THIS SPACE</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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		PD LONG, STANLEY T 1701 CHRYSLER AVENUE SARASOTA, FL 34234	
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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 empowerments.			
SIGNATURE: <u>Stanley T. Long</u>		11/19/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	