2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2005 08:00 AM DOCUMENT # P98000001480 **Secretary of State** 1. Entity Name MICHAEL D. TIDWELL, P.A. Principal Place of Business Mailing Address **811 NORTH SPRING STREET** 811 NORTH SPRING STREET PENSACOLA, FL 32501 US SUITE 240-B PENSACOLA, FL 32501 No Chg-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3492809 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ا الجنورة ي ±يهداد رهم اليميد العراضة. المناح المراجع TIDWELL, MICHAEL D **DO NOT WRITE** 811 NORTH SPRING STREET PENSACOLA, FL 32501 IN THIS SPACE The Control of the Property of the second section is 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. JJ00000182428 TITLE 01/19/05-80028-007 150.00 TIDWELL, MICHAEL D NAME STREET ADDRESS **811 NORTH SPRINGS STREET** CITY-ST-ZIP PENSACOLA, FL 32501 acceptant to the second of the TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS "Colores & many managing all the hall of the file of the CITY-ST-ZIP TITLE MAME STREET ADDRESS 5、「海南海道の場合の場合の経過機・不利をよった」。 こくり コーナス CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2005 (850) 434-3223

and the same of the message of the second second

Daytime Phone #

FILED