2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State

DOCUMENT # P99000049214 1. Entity Name STEPHEN A. KING, C.P.A., PROFESSIONAL ASSOCIATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Principal Place of Business Mailing Address 25400 US HWY 19 N. 25400 US HWY 19 N. STE 156 STE 156 CLEARWATER, FL 33763 CLEARWATER, FL 33763				
DO NOT WRITE IN THIS SPA	CE	01102006 4. FEI Number 59-3582	No Chg-P	CR2E034 (11/05)
			of Status Desired	Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent KING, STEPHEN A 1702 LAKE CYPRESS DR SAFETY HARBOR, FL 34695			NOT W HIS SP	
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 title if applicable (NOTE Registered Agent agents) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees		
10. OFFICERS AND DIRECTORS TITLE D NAME KING. STEPHEN A STREET ADDIESS 1702 LAKE CYPRESS DR CITY-SI-ZIF SAFETY HARBOR, FL 34695			U00000 04/14/06	3488010 -80018-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THE NAME STREET AUDITESS CITY - ST - JIP			NOT W	
TITLE	1	IN T	THIS SP	ACE

12. Thereby certify that the information supplied with this filling 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 any address, with all gifter like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

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