

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000052486</b>		
1. Entity Name <b>STEPHEN J. ABBOTT, P.A.</b>		
Principal Place of Business <b>506 HWY. 98 E. DESTIN, FL 32541</b>		Mailing Address <b>506 HWY. 98 E. DESTIN, FL 32541</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
01042006    No Chg-P    CR2E034 (11/05)		
4. FEI Number <b>59-3583930</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>FLEET, H. BART FLEET, SPENCER, MARTIN &amp; KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000</b>		<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 _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	ABBOTT, STEPHEN J	
STREET ADDRESS	1807 DRIFTWOOD POINT ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: 		<b>4/19/06</b> <b>850 654-4437</b>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #