FILED Jul 28, 2006 08:00 AM Secretary of State

| ANNOAL REPORT | | | | | | |
|---|---|--|--|--|--|--|
| DOCUMENT # P990 1. Entity Name DAVID LEE SELLERS, P.A. | | | | | | |
| Principal Place of Business | Mailing Address | | | | | |
| 919 N. 12TH AVE. PENSACOLA, FL 32501 | 919 N. 12TH AVE. PENSACOLA, FL 32501 | | | | | |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

07182006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3652537 Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

SELLERS, DAVID LEE

DO NOT WOITE

| 919 N. 12TH AVE. PENSACOLA, FL 32501 | | IN THIS SPACE | | | | |
|---|---|--|-------------------|--------------------------------|--|--|
| 8. The above the obligation SIGNATURE | named shitty submits this applement for the ons of registered solution. | e purpose of changing its registere | ed office or re | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accep | |
| | Signature, typed of printed name of registered agent and ti | te if applicable. (NOTE: Registere | d Agent signature | required when reinstating) | DATE | |
| | E NOW!!! FEE IS \$150.00 ue by September 6, 2006 | Election Campaign Finar Trust Fund Contribution. | ncing | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. | OFFICERS AND DIR | ECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SELLERS, DAVID LEE 919 N. 12TH AVE. PENSACOLA, FL 32501 | | | U00000572577 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SELLERS, TINA LYNN 919 N. 12TH AVE. PENSACOLA, FL 32501 | | | 07/28/06-80004-005 158.75 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | · | | | DO | NOT WRITE | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | O Florida Chandra 14, the antife that the information | |

12. In 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 of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the receiver of the receive