2006 FOR PROFIT CORPORATION ANNUAL REPORT

rekard

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 17, 2006 8:00 am **DOCUMENT # S12418 Secretary of State** 1. Entity Name D & M STOHLER, INC. 03-17-2006 90125 007 ***150.00 Principal Place of Business Mailing Address 5421 59TH ST. NORTH 5421 59TH ST. NORTH TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152006 CR2E034 (11/05) Chg-P Applied For City & State City & State 4. FEI Number 59-3040633 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLARK, ROBERT W. Street Address (P.O. Box Number is Not Acceptable) 100 N TAMPA ST **STE 2120** TAMPA, FL 33602 Zip Code 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT Addition TITLE ☐ Delete TITLE ☐ Change STOHLER, RICHARD L. . . NAME NAME 12405 STILLWATER TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP 336/8 D ☐ Delete TITLE ☐ Addition TITLE STOHLER, RODNEY D. NAME NAME 5905 15320 AVG. S.GAST 8703 HIDDEN GREEN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP 98006 BELLEVUE, WASHINGTON DVS TITLE ☐ Delete TITLE ☐ Change **★** Addition STOHLER, MARILYN NAME NAME 12405 STILLWATER TERRACE STREET ADDRESS STREET ADDRESS TAMPA, FL CITY-ST-ZIP CITY-ST-ZIP 336/8 D ☐ Delete TITLE Change ☐ Addition TITLE STOHLER, DOUGLAS A. NAME 3644 RAMONA CIBLE 16410 BURNISTON DR STREET ADDRESS STREET ADDRESS 94306 CITY-ST-ZIP **TAMPA, FL 33647** CITY-ST-ZIP PALO ALTO, CACIFORNIA Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appaddress, with repowered.

3-15-06 Date

FILED