


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-31-2006 90008 039 \*\*\*150.00

<b>DOCUMENT # S24705</b> 1. Entity Name <b>GUERNSEY &amp; ASSOCIATES, INC.</b>	
--	---

Principal Place of Business <b>6704-A PLANTATION ROAD PENSACOLA, FL 32504</b>	Mailing Address <b>6704-A PLANTATION ROAD PENSACOLA, FL 32504</b>
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**50019962**



03282006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3048490</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>GUERNSEY, ELWYN D. 6704-A PLANTATION ROAD PENSACOLA, FL 32504</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUERNSEY, ELWYN D. 6704-A PLANTATION RD PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/06 850 476-3491  
Date Daytime Phone #



May 17, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**ATTACHMENT**  
**2006 Florida Corporate Annual Report**

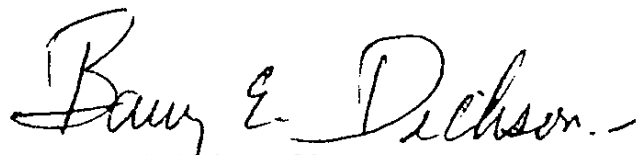
RE: **Guernsey & Associates, Inc.**  
**Document #S24705**  
**FEI Number: 59-3048490**

The above referenced entity has always filed and paid their Corporation Annual Report in a timely manner. The report for 2006 is being filed past the original due date as the entity never received their reminder post card from the Division of Corporations. Therefore, we ask at this time that you please abate the \$400.00 late filing penalty.

Should you have any questions, please do not hesitate to call.

Thank you in advance for your prompt attention to this matter.

Very truly yours,



Barry E. Dickson, CPA  
Shareholder

BED/ah

Since 1944 • [www.scg-cpa.com](http://www.scg-cpa.com)

900 North 12th Avenue • P.O. Drawer 13207 • Pensacola, FL 32591-3207 • (850) 435-8300 • Fax (850) 435-8352

Pensacola • Fort Walton Beach • Destin