

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan.23, 2006 08:00 AM
Secretary of State

DOCUMENT # S40672 1. Entity Name HERB SALISBURY, P.A.	
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Principal Place of Business 2410 ST ANDREWS BLVD SUITE C PANAMA CITY, FL 32405 US	Mailing Address 2410 ST ANDREWS BLVD SUITE C PANAMA CITY, FL 32405 US
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DO NOT WRITE IN THIS SPACE

01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3063946	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALISBURY, HERB 2410 ST ANDRES BLVD SUTIE C PANAMA CITY, FL 32405

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

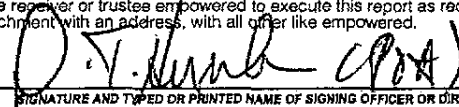
9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALISBURY, HERB 2410 ST ANDREWS BLVD SUITE C PANAMA CITY, FL 32405
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01/25/06 80006-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/06 8508774333
Date Daytime Phone #