

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S56504

FILED
Feb 22, 2006
Secretary of State

Entity Name: MOODY & SALZMAN, P.A.

Current Principal Place of Business:

% ANTHONY J. SALZMAN
P.O. DRAWER 2759
GAINESVILLE, FL 326022759

New Principal Place of Business:

Current Mailing Address:

% ANTHONY J. SALZMAN
P.O. DRAWER 2759
GAINESVILLE, FL 326022759

New Mailing Address:

FEI Number: 59-3066893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J.
500 EAST UNIVERSITY AVENUE
SUITE A
GAINESVILLE, FL 326022759 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOODY, C. GARY,
Address: 500 E. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: SALZMAN, ANTHONY J.,
Address: 500 E. UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY SALZMAN

D

02/22/2006

Electronic Signature of Signing Officer or Director

_____ Date