## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT DOCUMENT # \$70082

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NOTES IGNING OFFICER OR DIRECTOR



**FILED** Jan 30, 2006 8:00 am Secretary of State

572.1400

Daytime Phone N

1-26.16

Date

1. Entity Name KIRKLAND, RUSS, MURPHY & TAPP, P.A.						0	1-30-2006 9	90074 027	***150.0	00	
Principal Place 13577 FEATI SUITE 400 CLEARWATER	HER SOUND	DRIVE	Mailing Address 13577 FEATHER SOUND SUITE 400 CLEARWATER, FL 3376				II FORK BEIDI AFIID I	   [1]   3    3    3    3    3    3    3	Jirii keni kiti	<sup>.</sup>	
Principal Place of Business 3.			3. Mailing Address	3. Mailing Address							
Suite, Apt, #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		192006	Chg-P	CR2E03	4 (11/05)		
City & State			City & State	City & State		El Number 59-30760	61			plied For t Applicable	
Zip		Country	Zip	Country	5. (	Certificate of	Status Desired		8.75 Add ee Required		
6. Name and Address of Current Regis			Registered Agent	stered Agent Name			7. Name and Address of New Registered Agent				
RASMUSSEN, ROBERT C GLENN RASMUSSAN FOGORTY & HOOKER, PA 100 S. ASHLEY DR #1300 TAMPA, FL 33602					Street Address (P.O. Box Number is Not Acceptable)						
,				City				FL	Zip Code	•	
<ol> <li>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.</li> </ol>										and accept	
SIGNATURE											
	Signature, typed	or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	ure required when re	einstating)	<del></del>	DATE			
FILE NOW!H FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.  Trust Fund Contribution.						May Be Fees					
10.		OFFICERS AND	DIRECTORS	11.	AC AC	DITIONS/CH	IANGES TO OF	FICERS AND I	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TAPP, WII 455 16TH ST. PETE		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				,	<b>5</b> A-Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RUSS, AN 4306 SWA TAMPA, F	NN AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	951 SO B	BRUCE H AYSHORE BLVD HARBOR, FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIRKLANI 3302 SIER TAMPA, F		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DING	SLOVE OFFLAN - 331	د	Change	Addition	
TITLE NAME			☐ Delete	TITLE NAME	PAUL (	در ۵۵۰	HAM		Change	<b>⊠</b> Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	Cuan	strary water	TYAIL	33755	ì		

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S70082** ATTACHMENT KIRKLAND, RUSS, MURPHY & TAPP, P.A. Principal Place of Business Mailing Address 13577 FEATHER SOUND DRIVE 13577 FEATHER SOUND DRIVE SUITE 400 SUITE 400 CLEARWATER, FL 33762-5539 US CLEARWATER, FL 33762-5539 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-3076061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RASMUSSEN, ROBERT C GLENN RASMUSSAN FOGORTY & HOOKER, PA Street Address (P.O. Box Number is Not Acceptable) 100 S. ASHLEY DR #1300 TAMPA, FL 33602 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office of 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 it applicable. (NOTE: Registe DATE ed Agent signature red 65,00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. ded to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DVP TITLE Delete ☐ Change ☐ Addition TAPP, WILLIAM G NAME 455 16TH AVE. NE. STREET ADDRESS address ST. PETERSBURG, FL 33704 CITY-ST-ZIP -ST-ZIP TITLE ☐ Change ☐ Addition □ Delete AITLE NAME RUSS, ANDREW J STREET ADDRESS 4306 SWANN AVENUE STREET ADDRESS TAMPA, FL 33609 CITY-ST-ZIP CITY-ST-ZIP Delete DT TITLE TITLE ☐ Change Addition NAME MURPHY, BRUCE J NAME 951 SO BAYSHORE BLVD STREET ADDRESS STREET ADDRESS SAFETY HARBOR, FL 34695 CITY-ST-ZIP CITY-ST-ZIP ΠP TITLE TITLE ☐ Delete ☐ Change Addition KIRKLAND, JACK W JR NAME NAME 3302 SIERRA CIR STREET ADDRESS STREET ADDRESS TAMPA, FL CITY-ST-ZIP CITY-ST-7IP DANIEL J. Johnson TITLE ☐ Delete TITLE X Addition ☐ Change NAME NAME back S. EBELON STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 it 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 Date Daytime Phone #