


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90205 029 ***150.00

DOCUMENT # V07052	
1. Entity Name SCHACKOW & MERCADANTE, P.A.	

Principal Place of Business 112 NW 33RD COURT GAINESVILLE, FL 32607	Mailing Address 112 NW 33RD COURT GAINESVILLE, FL 32607
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2. Principal Place of Business 4545 NW 8TH AVE	3. Mailing Address 4545 NW 8TH AVE
Suite, Apt. #, etc. SUITE B	Suite, Apt. #, etc. SUITE B
City & State GAINESVILLE	City & State GAINESVILLE
Zip 32605	Country USA



04132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3100171	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHACKOW, GERALD D. 112 N.W. 33RD COURT GAINESVILLE, FL 32607	7. Name and Address of New Registered Agent Name SCHACKOW, GERALD D. Street Address (P.O. Box Number is Not Acceptable) 4545 NW 8TH AVE SUITE B City GAINESVILLE FL Zip Code 32605
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(Correct last name on your records)

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 _____ (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 Trust Fund Contribution. ☐ **\$5.00** 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	D SCHACKOW, GERALD D. 112 NW 33RD CT. GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 NW 8TH AVE SUITE B GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCADANTE, STEPHEN G. 112 NW 33RD CT GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 NW 8TH AVE SUITE B GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACKOW, LYNN M 112 NW 33RD CT. GAINESVILLE, FL 32607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4545 NW 8TH AVE SUITE B GAINESVILLE, FL 32605
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: GERALD D. SCHACKOW 4/25/06 352-371-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #