2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

| | | | | | , i | secret | arv o | 1 31 | ale |
|---|---|--|--|-------------------------|--------------------------------|--------------------------|------------------------|---------------------------|-------------|
| DOCUMENT # V33085 1. Entity Name WILSON, HARRELL, FARRINGTON, FORD, FRICKE, WILSON & SPAIN, P.A. | | | | | 02-14-2008 90023 046 ***150.00 | | | | |
| Principal Place | Mailing Address | | | - | | | | | |
| 307 SOUTH PALAFOX STREET PENSACOLA, FL 32502 US | | 307 SOUTH PALAFOX STREET PENSACOLA, FL 32502 US | | | | | | | • |
| | | | | | 14011 011011 | LINDO ANTO ORIGI IOTRI O | DAN BREN BIBNI BIBNI B | | 111 IIII |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02112008 | Chg-P | CR2E034 | (12/06) | | |
| City & State | | City & State | | 4. FEI Numbe 59-3116 | | | } | plied For t Applicable | |
| Zip | Country | Zip | Count | | 5. Certificate | of Status Desired | | 3.75 Add e Require | |
| | Registered Agent | | | 7. Name and | Address of New | Registered Age | ent | | |
| WILSON, JAMES M | | | | Name | | | | | |
| 307 SOUTH PALAFOX ST PENSACOLA, FL 32502 | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| , | | | | | | | | | |
| | | | | City | | | FL | Zip Code | 9 |
| 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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| FILE NOW!IJ FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11, | | ADDITIONS/ | CHANGES TO OF | FICERS AND D | RECTOR | 3 IN 11 |
| TITLE | D Delate 11 | | TITLE | | | | | Change | Addition |
| NAME | • | | NAME | E | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | - | |
| TITLE NAME | | | TITLE | 1 | | | L | _ Change | Addition |
| STREET ADDRESS | 307 S PALAFOX ST | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | PENSACOLA, FL | | | -ST-ZIP | | | | | |
| TITLE | D | ☐ Delete | TITLE | : | | | | Change | ☐ Addition |
| NAME | FORD, J. STEVEN | | NAM | • | | | - · | | |
| STREET ADDRESS | 307 S. PALAPOX ST | | | ET ADDRESS - ST-ZIP | | | | | |
| CITY-ST-ZIP | PENSACOLA, FL | Поли | - | | | | r | Change | Addition |
| TITLE NAME | FARRINGTON, WILLIAM E. <<< | ☐ Delete | TITLE NAMI | | | | L | _j unange | Modition |
| STREET ADDRESS | 307 S. PALAFOX ST | | | ET ADORESS | | | | | |
| CITY-ST-ZIP | PENSACOLA, FL | | CITY | -ST-ZIP | | | | | |
| TITLE | | | TITLE | I | | | | Change | Addition |
| NAME STREET ADDRESS | · · | | NAM! | I | | | | | |
| CITY-ST-ZIP | 307 SOUTH PALAFOX STREET PENSACOLA, FL 32502 | | 1 | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | D | ☐ Delete | TITLE | | | | Г | Change | ☐ Addition |
| NAME | WILSON, JOSEPH A | | NAMI | | | | _ | _ • | |
| STREET ADDRESS | 307 SOUTH PALAFOX STREET | | | ET ADORESS | | | | | |
| CITY-ST-ZIP | PENSACOLA, FL 32502 | -ST-ZIP | d in Chantar 110 | L Elorido Ctatuta- | 1 fughter someth | that tha ! | oformation. | | |
| iz. inereby (| certify that the information supplied with | ans may over not quality to | ⊾шие өхө | amptions containe | оннопартег 119 | , rigirda ştatittes. | . i iumner centry | matthe II | nonnation |

12. I hereby certify that the information supplied with this filling 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: _

William Farrington
SIGNATURE AND APPED CAPPRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2/12/08

(850) 438–1111 Daytime Phone #

eas