2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

863-6673.

Daytime Phone #

1. Entity Nam	MENT # 282963 .			Secretary of State
Principal Place 3939 US 98 LAKELAND, F	SOUTH	Mailing Address P O BOX 2230 EATON PARK, FL 33840	us and the second	E REALINE HEREN FORTH ASSESS THAT HAS SERVED AND A SERVED A SERVED AND A SERVED A S
D	O NOT WRITE	IN THIS SPA	CE	O1112006 No Chg-P CR2E034 (11/05) 4. FEI Number
MCGEE, (3939 US 9 LAKELANI		egistered Agent		DO NOT WRITE 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 refusating) PARTE 9. Election Campaign Financing After May 1, 2006 Fee writt be \$550.00 Trust Fund Contribution. Added to Fees				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	OFFICERS AND D STD MCGEE, CYNTHIA L 3210 OAK PARK DR. LAKELAND, FL 33803	RECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGEE, TERRANCE J 5716 EMERALD RIDGE BLVD LAKELAND, FL	 	-	01/19/06-80010-014 150.00
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCGEE, MICHAEL J 5022 LAKE IN THE WOODS BLVI LAKELAND, FL)		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		······································		

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 that profit 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: