2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 8:00 am Secretary of State

DOCUMENT # 610442 1. Entity Name VANCE & LOTANE, P.A.									01-12-20	06 90171	l 022 ***15	8.75					
Principal Plac 1980 MICHIO COCOA, FL 3	SAN AVE	1980	Mailing Address 1980 MICHIGAN AVE COCOA, FL 32922 US						RIS IIDI BIDIK SII	III 8311 8221 81811 8	1						
2. Principal P	lace of Busine	3. Maili	3. Mailing Address														
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				01042006	Chg-P	CR	2E034 (11/05)						
City & State			City 8	City & State			4. FEI Number 59-1873209					pplied For lot Applicable					
Zip	Country			Zip Count			5. Certificate of Status Desired \$8.75 Additional Fee Required										
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent											
ALEXANDER, VANCE L.						Name Troy R. Lotane											
1980 MICHIGAN AVE COCOA, FL 32922						Street Address (P.O. Box Number is Not Acceptable)											
						1980 michi			higan	rigan AVE							
The above named entity submits this statement for the purpose of changing its register.						COCOA				of Florida. I	am familiar with	2 7 ZZ o, and accept					
the obligat	tions of registe	ared agent															
SIGNATURE Signature, typeoty printed name of registered agent and title if application. (NOTE: Registered Agent signature required when reinstating) DATE											ATF						
Signature, typed by printed name of registered age-frand title if epplicants. (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. 9. Election Campaign Financing Added to Fees																	
10.		OFFICERS AN	ND DIRECTOR	RS	11.				S/CHANGES TO	OFFICERS	AND DIRECTO	RS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ER, VANCE L HIGAN AVE		Delete		. 1	VP Lo:	TSD tane, 7 fo mic	704 R. AL 3290	·{	Change Change	☐ Addition					
TITLE	VPD	L 32922		Delete	TITU		<u>C</u>	(04,	26 3696		☐ Change	Addition					
NAME	LOTANE.	TROY R		TT neiere	NAM						☐ cumite	☐ Mudition					
STREET ADDRESS		HIGAN AVE				ET ADDRESS											
CITY-ST-ZIP	COCOA, F	FL 32922				-ST-ZIP											
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TITLE NAME	•			Delete	TITL						☐ Change	Addition					
STREET ADDRESS						EET ADDRESS											
CITY-ST-ZIP					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 flustee 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.																	
l				//	•	changed, or on an attachment with an address, with all other like empowered.											