## **2006 FOR PROFIT CORPORATION**

## FILED **ANNUAL REPORT** Jul 10, 2006 08:00 AM **DOCUMENT # K57907** Secretary of State RICHARD T. WEISENBURGER, D.O., P.A. Principal Place of Business Mailing Address 790 S.E. 5TH TERRACE 790 S.E. 5TH TERRACE CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 No Chg-P CR2E034 (11/05) 07062006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2924429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISENBURGER, RICHARD, D.O.P.A. DO NOT WRITE 790 S.E. 5TH TERRACE CRYSTAL RIVER, FL 34429 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE WEISENBURGER, RICHARD T NAME STREET ADDRESS 790 SE 5TH TERRACE CRYSTAL RIVER, FL 34429 CITY-ST-ZIP TITLE U00000568785 07/10/06-80007-017 150.00 **GRILLO, DENIS W** NAME STREET ADDRESS 790 SE 5TH TERRACE CITY-ST-ZIP CRYSTAL RIVER, FL 344299 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIFY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

7-06-06 352 7 9 5 0 0 1 / Date Daytimo Phone •