2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N32761

1. Entity Name



Apr 21, 2006 8:00 am Secretary of State

04-21-2006 90124 017 ****61.25

ASSOCIATION, INCORPORATED													
Principal Place of Business C/O R.J. LINDBERG 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034			Mailing Address C/O R.J. LINDBERG 579 LITTLE PINEY ISLAND POINT FERNANDINA BEACH, FL 32034								A HAN GEN ELL		A 860
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04172006	Chg-NP	CR2	E037 (11/0	5)	
City & State			City & State					4. FEI Number Applied 59-3035052 Not App			d For oplicable		
Zip Country -						5. Certificate of Status Desired \$8.75 Addition:					ıai		
	6. Name	and Address of Current i	Registere	d Agent				7. Name and	Address of Ne	w Register	ed Agent		
LINDBERG						Name		D.O. San Niverb					
		SLAND POINT CH, FL 32034				Sireer At	ooress (i	P.O. Box Numbe	er is not accept	aole;	·····	·	
						City		 		F	Zip	Code	
	named entit	y submits this statement for tered agent.	r the purp	ose of changing its	register	ed office or	register	ed agent, or bot	h, in the State o	Florida. 1	am familiar w	ith, and	accept
1													
SIGNATURE		for printed name of registered agent a	and title II app	ficable. (NOTE	E Registere	d Agent signatu	ne required	when reinstating)		DAT			·
SIGNATURE	Signature, typed	or printed name of registered agent a no. In \$61.25 Bay 1, 2006	and title II app	9. Election Can Trust Fund C	npaign F	inancing	Desiuper en	\$5.00 May B		Make ch	eck payab		
	Signature, typed	ee is \$61.25 flay 1, 2006		9. Election Can	npaign F Contribut	inancing ion.		\$5.00 May B Added to Fees	F	Make ch	eck payab partment o	f State	
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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 trusted employees to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appreciate empowered. 904-

NAME

STREET ADDRESS

CTTY-ST-ZIP

CTIY-ST-ZIP

BOYD, SAMUEL

STREET ADDRESS | 588 LITTLE PINEY ISLAND POINT

FERNANDINA BCH, FL 32034

ROBERT

225-0575