

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 8:00 am
Secretary of State

01-06-2006 90001 015 ***150.00

60000156



01042008 Chg-P CR2E034 (11/05)

4. FEI Number
59-3713169

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTTS, ROBERT P
5203 SW 91ST TERR., STE D
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

11/4/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BUTTS, ROBERT P**
STREET ADDRESS **3909 SW 92ND TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ Delete
NAME **FISHER, MARK S**
STREET ADDRESS **8605 SW 38TH AVE**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE **D** ☐ Delete
NAME **SECHREST, MICHAEL D**
STREET ADDRESS **7514 NW 42ND AVENUE**
CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE **D** ☐ Delete
NAME **WARNER, D M**
STREET ADDRESS **2226 SW 95TH TERRACE**
CITY-ST-ZIP **GAINESVILLE, FL 32607**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Gainesville FL 32608**

TITLE **P** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: **M. K.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-06

Date

352-373-5922

Daytime Phone #