## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)						FILED Jan 23, 2006 08:00 AM				
DOCUMENT # V48346  1. Entity Name						Secretary of State				
MITTAUE	ER & ASSOCIATES	INC.								
Principal Pla	ce of Business	3	Mailing Address			1				
4611-4 US HWY 17			4611-4 US HWY 17 ORANGE PARK FL 32003				Pit Grewer Billis entag ille ben	·	• #18i) bren &	<b>Briba</b> t 11 <b>182</b> 1
ORANGE PARK FL 32003 US		US								
2. Principal Place of Business			3. Mailing Address			}				
Suite, Apt. #, etc.			Suite, Apt. #, stc.			1:	st MOORE	CR2E034 (	10/05)	
City & State			City & State			4. FEI Num	59-313498	1	<del></del>	pplied For ot Applicat
Zìp	Country	- <del>-</del>	Žīp	Cour	ntry	5. Certificat	e of Status Desired		8.75 Ad	ditional
<del></del>	6. Name and Addres	s of Current	Registered Agent		1	7. Name an	d Address of New			
MITTAUER, JOSEPH A. 3130 NAUTILUS ROAD MIDDLEBURG FL 32068-9674				· -	Name			- · · · · · ·		
					Street Address (	P.O Box Num	ber is Not Acceptab	le)		
					City	FL Zip Code			Se .	
8. The above	e named entity submits this	statement fo	r the purpose of char	nging its register	) ed office or register	ed agent, or b	oth, in the State of F		niliar with	, and accer
	tions of registered agent.	ŧ ì			•	•				·
SIGNATURE	Signature, typed or printed name of	,	the deput while	WOTE PARTIE		Indian - Indian		DATE		
		and a section of the	aud who is sociated	INOIS WEDSING	Serupet elucorgra MegA &	men testusungt		UAIC		
After	FILE NOW!!! FEE IS I May 1, 2005 Fee Will k Payable to Florida De	Be \$550.00					9. Election Camp Trust Fund Co			.00 May E. ed to Fees
10. OFFICERS AND DIRECT			DIRECTORS	<u>'`''''                                </u>		ADDITIONS	CHANGES TO OF	FICERS AND E	IRECTOR	RS IN 11
TITLE	PSTD		☐ Dete					[	_ Change	Adding
NAME STREET ADDRESS	MITTAUER, JOSEPH A		-	NAM Stre	ET ADDRESS					
GITY-ST-ZIP	MIDDLEBURG FL	1			-SI-17P					
TITLE	D	1	☐ Dele		,				Change	Addition Addition
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CITY-ST-ZIP	MIDDLEBURG FL	1			-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP		; 		•	ET ADDRESS -ST-ZIP					
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NAME STREET ADDRESS		:		NAM Stre	E { Er adoress }					
CITY-ST-ZIP		į.			-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an address, with all other like empowered.

SIGNATURE

Joseph A. Mittaver

1-17-06