## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 20, 2006 8:00 am Secretary of State **DOCUMENT # P00000098125** 04-20-2006 90210 040 \*\*\*158.75 GEORGE M. STARK, P.A. Principal Place of Business Mailing Address FIRST UNION CENTER. 100 S. ASHLEY DRIVE, STE. 800 **AUU** FIRST UNION CENTER 100 S. ASHLEY DRIVE, STE. 800 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address 708 E. Jackson Street 708 E. Jackson Street Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Florida Tampa, 59-2841246 <u>Tampa, Florida</u> Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33602 USA Fee Required 33602 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stark, George M. Street Address (P.O. Box Number is Not Acceptable) STARK, GEORGE M FIRST UNION CENTER 100 S. ASHLEY DRIVE, STE. 800 **TAMPA, FL 33602** 708 E. Jackson Street Zip Code Tampa 33602 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. GEORGE M. STARK Signature, typed or printed name of registered agent and title if applicable. SIGNATURE' (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Addition D Change Change STARK, GEORGE M NAME NAME Stark, George M STREET ADDRESS 1ST UNION CNTR., 100 S. ASHLEY DR., #800 STREET ADDRESS 708 E. Jackson Street CITY-ST-ZIP **TAMPA, FL 33602** CITY-ST-ZIP <del>Tampa, Florida 33602</del> TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS 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 cath; that I am an officer or director of the corporation or the progressive 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.

GEORGE M. STARK SIGNATURE WAS / DRIVTED WAME OF DIRECTOR

SIGNATURE:

4-17-06 (813)221-6889

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DAYTIME PHONE:

**FILED**