

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90007 009 \*\*\*150.00

|   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
|---|--------------------|--|---|--|--|-------|---|---------------------------------|------|--------------------|--|----------------|------------------|--|-----------------|-----------------|--|-------|---|---------------------------------|------|------------------|--|----------------|------------------|--|-----------------|-----------------|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---------------------------------|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|-------|--|---|------|--|--|----------------|--|--|-----------------|--|--|
| <b>DOCUMENT # P05000164414</b><br>1. Entry Name<br><b>B&amp;B LANDCLEARING &amp; DEVELOPMENT INC</b>  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Principal Place of Business<br><b>1350 GEORGIA AVE<br/>BAKER, FL 32531</b>  |                    |  | Mailing Address<br><b>1350 GEORGIA AVE<br/>BAKER, FL 32531</b>  |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 2. Principal Place of Business  |                    | 3. Mailing Address   |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Suite, Apt. #, etc.   |                    | Suite, Apt. #, etc.  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| City & State  |                    | City & State   |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Zip   | Country            | Zip  | Country   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 4. FEI Number<br><b>562559220</b>   |                    |  |   | Applied For<br><input type="checkbox"/> Not Applicable |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                    |  |   | \$8.75 Additional Fee Required                         |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRUNSON, TIMOTHY L<br/>1350 GEORGIA AVE<br/>BAKER, FL 32531</b>   |                    |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>   |                    | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees                     |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">P</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BRUNSON, TIMOTHY L</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1350 GEORGIA AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">BAKER, FL 32531</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">V</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BRUNSON, MATTHEW</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1350 GEORGIA AVE</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;">BAKER, FL 32531</td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> |                    |  |   |  |  | TITLE | P | <input type="checkbox"/> Delete | NAME | BRUNSON, TIMOTHY L |  | STREET ADDRESS | 1350 GEORGIA AVE |  | CITY - ST - ZIP | BAKER, FL 32531 |  | TITLE | V | <input type="checkbox"/> Delete | NAME | BRUNSON, MATTHEW |  | STREET ADDRESS | 1350 GEORGIA AVE |  | CITY - ST - ZIP | BAKER, FL 32531 |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY - ST - ZIP |  |  |
| TITLE   | P                  | <input type="checkbox"/> Delete  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  | BRUNSON, TIMOTHY L |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  | 1350 GEORGIA AVE   |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   | BAKER, FL 32531    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   | V                  | <input type="checkbox"/> Delete  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  | BRUNSON, MATTHEW   |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  | 1350 GEORGIA AVE   |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   | BAKER, FL 32531    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Delete  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Delete  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Delete  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| NAME  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| STREET ADDRESS  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| CITY - ST - ZIP   |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| TITLE   |                    | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>MATTHEW BRUNSON</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |
| Date <u>7-6-06</u>  |                    |  |   |  |  |       |   |                                 |      |                    |  |                |                  |  |                 |                 |  |       |   |                                 |      |                  |  |                |                  |  |                 |                 |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |                                 |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |       |  |   |      |  |  |                |  |  |                 |  |  |