**2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Mar 23, 2006 08:00 AM	
DOCU	MENT # 310024			Secretary of State	
F&HO	FFICE MACHINES CORPOR	RATION			
Principal Place of Business		Mailing Address			
2870 UNIVERSITY BLVD, W SUITE 204		2870 UNIVERSITY BU SUITE 204	VD, W		
JACKSONVILLE FL 32217 US		JACKSONVILLE FL 3	2217		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State		City & State		4. FEI Number 59-1150940 Applied For Not Applied	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	6. Name and Address of Curren	it Registered Agent	Name	7. Name and Address of New Registered Agent	
LEONARD CONNELL 2870 UNIVERSITY BLVD W SUITE 204 JACKSONVILLE FL 32217				s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Cade	
8. The above	a named entity submits this statement tions of registered agent.	for the purpose of changing its	registered affice or regist	tered agent, or both, in the State of Florida. I am familiar with, and acce	
,	* +	~			
SIGNATURE	Signature, lyped or printed name of registered agei	nt and title if applicable (NOT	E. Registered Agent signature requi	red when reinstaling) DATE	
After	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	of State		Election Campaign Financing \$5.00 May 5     Trust Fund Contribution.      Added to Fees	
10.	OFFICERS ANI	Actuates 1974	tt.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
THE	PD	☐ Delete	TITLE	☐ Change ☐ Addit	
NAME STREET ADDRESS	CONNELL, LEONARD L. 17070 WELLS RD		NAME STREET ADDRESS	000000478486 04/08/06-80007-021 150.00	
CITY-ST-ZIP	JACKSONVILLE FL 32234		CITY-ST-ZIP	011 007 00 00001 001 100100	
тпи	VPST	Delete	HTLE	☐ Change ☐ Admit	
NAME STREET ADDRESS	CONNELL, ROBERTA L. 17070 WELLS RD		NAME STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32234		CITY-S7-ZIP		
TITLE		☐ Delete	THEC	☐ Change ☐ Additi	
NAME STREET ADDRESS	}		NAME STREET ADDRESS		
CITY-SY-ZYP	}		CITY-ST-ZIP		
TITLE		☐ Deleta	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME CTRICET ADOPTION		
CITY-ST-ZIP			STRECT ADDRESS CHY-SI-ZIP		
TITLE		☐ Delete	THLE	Change Additi	
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CATY-ST-ZIP		
IIITE		☐ Defete	TITLE	☐ Change ☐ Advisor	
NAME STREET ADDRESS	}		NAME CERTE ADDRESS		
City-St-ZIP			STREET ADDRESS CITY-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 ettachment with an address, with all other like empowered.

X abolor