2006 FOR PROFIT CORPORATION

20	006 FOR PROF ANNUAL F	IT CORPOR REPORT (AR		— FILED Mar 20, 2006 08:00 AM
DOCU!	MENT # 407851			Secretary of State
HAYNES,	PETERS & BOND COMP	ANY, INC.		
Principal Plac	e of Business	Mailing Address		
1049 MAY S JACKSONVI	T ILLE FL 32204	1049 MAY ST JACKSONVILLE FL 32	204	
2. Principal Place of Business		3. Mailing Address		1 (48/1) STALE BRIEF ISBRE INCE RICH INC. BIRTO GISTE STATE BIRTO BIRTON CO. CO.
Suite, Apt. #, etc.		Suite, Apt. #, etc.		tst MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-1411200 Applied Fo Not Applied Fo
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent
1049	'NES, CALDWELL L 9 MAY ST. KSONVILLE FL 32204			ess (P.O. Box Number is Not Acceptable)
			City	FL Zip Code
	named entity submits this statement ions of registered agent	for the purpose of changing its	registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE.	Signature, typed is predict name of registered age	nt and take it applicable. [NO!]	. Ведізіетай Адай відпаўцта ге	OATE (grademos restar consuper
After	ILE NOWIII FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department	iQ of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
Bile NAME STREET ADDRESS	STD COPPOLA, JOHN R. 1049 MAY ST.	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ A::
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	######################################
MAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, CALDWELL L. 1049 MAY ST. JACKSONVILLE FL	☐ Delete	TITLE MAME SIRECT ADDRESS CITY-ST-2IP	☐ Change ☐ A.'
DITLE NAME STREET ADDRESS	WORDOWNELL I C	☐ Delege	TITLE NAME STREET ADDRESS	☐ Change ☐ A.b.
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	THTLE NAME SIRECT ADDRESS CITY-ST-ZIP	☐ Change ☐ A.S.
TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A.S.
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Derete	TITLE NAME STREET ADDRESS GITY-SI-ZIP	☐ Change ☐ A €

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 direct 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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Recorpola Sec/Preasy?

03/16/06 (904) 358–1877