2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL F	REPORT (AF	₹)		<b>A</b> :	nr 10 - 20	06 08.0	0 4	M	
DOCUMENT # 424624  1. Entity Name						Apr 10, 2006 08:00 AM Secretary of State				
FLORIDA	DETAILERS, INCORPORA	TED								
Principal Plac	ce of Business	Mailing Address		). <b></b> _						
2821 D BOLTON RD ORANGE PARK FL 32073		PO BOX 656 ORANGE PARK FL 32067			} 					
US	ANC 1 C 320/3	US US	2007							
2. Principal Place of Business		3. Mailing Address			114	f Bill Mingen Traff Dieble Dirle tie	16 B181 B181 B1814 B1814 B1814	BIGH GIRA	(1 <b>66</b> ) (1 <b>66</b> )	
Suite, Apt. #, etc.		Sunte, Apt. #. etc			1:	st MOORE	CR2E034 (10/0	05)		
City & State		City & State		4. FEI Numi	59-146660	17	<del></del>	plied Fo		
Zip Country		Zip Cauntry		try	5. Certificat	e of Status Desired	□ \$8.75 Fee Re	5 Add	litional	
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New	Registered Agent			
MAXWELL,RONALD				Name						
310	OO UNIVERSITY BLVD.,SOU CKSONVILLE FL	тн_		Street Address (P.O. Box Number is Not Acceptable)						
0, 10	110011112212					ì				
				City		·	FL 20	p Code	9	
B. The above the obliga	e named entity submits this statement tons of registered agent.	for the purpose of changing it	s registere	ed office or regi	stered agent, or be	oth, in the State of F	lorida. Tam familiar	 r with, a	and ecc	
SIGNATURE	Signature, lyped or printed name of registered agen	CA) eldsoilgas it offt bas in	TE Poýrstered	Agent signature recu	urred when reinstating)		DATE			
After	FILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0 k Payable to Florida Department					9. Election Camp Trust Fund Co			OD May d to Fee	
10.	OFFICERS AND	And Apple of the Control	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECT	ารกัตร	: INI 1 1	
INTE	PT	☐ De/ete	TITLE		ADDITIONS	\$ 5.00 TO GE	Chi		<u>- □</u> 883	
NAME	CRAVEN, HAROLD G.		NAME	-		ססססט	00497683		_	
STREET ADDRESS CITY - ST - ZIP	2745 BROOKWOOD DRIVE ORANGE PARK FL			ET ADDRESS ST-ZIP		04/22/08	5-80064-013	3 15	0.00	
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name Street address	CRAVEN, FRANCES E.		NAME							
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NAME STRECT AODRESS	}		NAME	T ADDRESS						
City-St-Zip			- 1	ST-ZIP						
12. Thereby	certify that the information supplied wi	ith this filing does not quality	for the eve		ned in Section 11	Q. Florida Statutes	I further certify that	the in	dorm du	

indicated on this report or supplied with this filling does not quality for the exemptions contained in Section 119, Honda Statutes. Further certify that the indomnition indicated on this report or suppliermental 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 direction 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 1 of changed, or on an attachment with an address, with all other like empowered.

'IGNATURE: Frances E. Craven

Francia & ravin

4-7-06

**FILED** 

904-272-031