## 2006 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Mar 22, 2006 08:00 A **DOCUMENT #433423 Secretary of State** GREENWOOD OF CHIEFLAND, INC. Principal Place of Business Mailing Address MANATEE SPRINGS ROAD PO BOX 358 CHIEFLAND, FL 32626 CHIEFLAND, FL 32626 US 02232006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-1572923 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BEAUCHAMP, R. LUTHER DO NOT WRITE LCR 404, RT 2 BOX 960 CHIEFLAND, FL 32626 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BISHOP, ROBERT B NAME STREET ADDRESS MANATEE SPRINGS ROAD CITY-ST-ZIP CHIEFLAND, FL TITLE BISHOP, OVIEDA B NAME STREET ADDRESS MANATEE SPRINGS ROAD CITY-ST-ZIP CHIEFLAND, FL 23717 NAME STREET ADDRESS DO NOT WRITE CATY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 withan address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED/OR PRINTED NAME OF