

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 SEP -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-1554591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLANCHARD, DOCK
4 S.E. BROADWAY STREET
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANCHARD, DOCK 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRIAM, LAUREN E III 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADEL, GARRY D. 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRKLAND, R COLT 4 S.E. BROADWAY STREET, POB 1869 OCALA, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORTES, JOSE H JR 4 SE BROADWAY ST, POB 1869 OCALA, FL 34478	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edwin A. Green, III 4 S.E. Broadway Street, POB 1869 Ocala, FL 34478	☐ Change ☒ Addition

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06 (352) 732-7218

Date

Daytime Phone #

2C 9/6