2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2006 8:00 am Secretary of State 07-05-2006 90002 034 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE VST OREAIR, ERICA L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE PE OREAIR, RICHARD L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE NAME OREAIR, RICHARD L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addit NAME STREET ADDRESS CITY-ST-ZIP Change Addit STREET ADDRESS CITY-ST-ZIP Change Addit NAME STREET ADDRESS CITY-ST-ZIP Change Addit NAME STREET ADDRESS CITY-ST-ZIP Change Addit STREET ADDRESS CITY-ST-ZIP Change Addit STREET ADDRESS CITY-ST-ZIP Change Addit STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addit STREET ADDRESS CITY-ST-ZIP	DOCUMEN F # 484185 1. Entity Name RICHARD L. OREAIR & COMPANY									
Sulfa, ADL #, etc. Sulfa, ADL #, etc. Sulfa, ADL #, etc. O7032006 Chg-P CR2634 (11/05) City & State Country Applied For Sphilosteric of Status Desired Sphilosteric of Status Desired 8. Certificate of Status Desired 9. Name and Address of New Registered Agent Name CREAR, RICHARD L JR 15488 CAPE DR. S. JACKSONVILLE, FL 32222-6 City FL Zio Code City FL Zio Code City FL Zio Code City FL Zio Code City Ci	777 ASHFORD ST.		777 ASHFORD ST.							
City & State Country Sp. 1619475 Recording to Sp. 1619475	2. Principal Pl	3. Mailing Address	g Address							
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032006	Chg-P	CR2E03	4 (11/05)		
6. Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 15498 CAPE DR. S. JACKSONVILLE, FL 32226 City FL Zip Code City FL City FL Zip Code City FL City City FL City F	City & State		City & State							
Name Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Signature FILE NOWIII FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Financing Trust Fund Contribution. 10. CFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in II. NAME OREAIR, RICHARD L JR. SIRET ADDRESS CITY-ST-2P PE OREAIR, RICHARD L STREET ADDRESS CITY-ST-2P Delte TITLE OREAIR, RICHARD L STREET ADDRESS CITY-ST-2P Change Addit NAME STREET ADDRESS CITY-ST-2P TITLE OREAIR, RICHARD L STREET ADDRESS CITY-ST-2P TITLE OREAIR RICHARD L STREET ADDRESS CITY	Zip Country		Zip	Country		5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New R	egistered A	gent	
City FL Zip Code	·			L						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. SIGNATURE Signature, noted or printed name of registered agent and the 14 accordance. (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. SIGNATURE Signature, noted or printed name of registered agent and the 14 accordance. (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. (NOTE Registered Agent. SIGNATURE SIGNATURE SIGNATURE OREAIR, RICHARD L JR. SIRET ADDRESS ORY-ST-JP TITLE OREAIR, RICHARD L JR. SIRET ADDRESS ORY-ST-JP TITLE OREAIR, ERICA L SIRET ADDRESS ORY-ST-JP JACKSONVILLE, FL 32226 TITLE OREAIR, RICHARD L SIRET ADDRESS ORY-ST-JP OREAIR				-	· · · · · · · · · · · · · · · · · · ·					
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Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice.		Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	: Registered A	Agent algnature required	when reinstating)		DATE		
TITLE MAME OREAIR, RICHARD L JR. STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE VST OREAIR, ERICA L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE NAME OREAIR, RICHARD L STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32226 TITLE NAME OREAIR, RICHARD L STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZI				•		.00 May Be ed to Fees				
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CITY-ST-ZIP 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 the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY-S	ST-ZIP	d in Charter 145) Florida Stabitas 1	hurther as		Addition

indicated on this report or supplemental report of the corporation of the receiver of these perpowered 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 all address, with all other like empowered.

SIGNATURE: