## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

## **FILED DOCUMENT #512785** Jan 31, 2006 08:00 AM 1. Entity Name NEELD-GORDON, CO. **Secretary of State** Principal Place of Business Mailing Address 1258 19TH ST. NORTH 1258 19TH ST. NORTH ST. PETERSBURG, FL 33713 ST. PETERSBURG, FL 33713 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied Far 4. FEI Number 59-1693014 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSTON, GEORGE R DO NOT WRITE 4711 PARADISE WAY S E SAINT PETERSBURG, FL 33705 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) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GOLDING, RICHARD H. NAME STREET ADDRESS 4321-87TH WAY N. CITY-ST-ZIP ST. PETERSBURG, FL U00000410890 02/09/06-80053-022 150.00 IIILE COSTON, GEORGE R. STREET ADDRESS 4711 PARADISE WAY S. CITY-ST-ZIP ST. PETERSBURG, FL TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 717LE STREET ADDRESS

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 all other like empowered.

SIGNATURE: Richard W Golding	1-2706	7278223846
SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR	Clatte	Daytime Phone #