## **2006 FOR PROFIT CORPORATION**

## Apr 12, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #656178** 04-12-2006 90102 001 \*\*\*150.00 BOEHM, BROWN, FISCHER, HARWOOD, KELLY & SCHEIHING, P.A. Principal Place of Business Mailing Address 50011250 POP BOX 11830 POP BOX 11830 DAYTONA BEACH, FL 32120 DAYTONA BEACH, FL 32120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State City & State 4 FFI Number Applied For 59-2031086 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOEHM, J. RICHARD Street Address (P.O. Box Number is Not Acceptable) 113 EXECUTIVE CIRCLE 301 DAYTONA BEACH, FL 32114 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITI F TITLE ☐ Change ☐ Addition BOEHM, J RICHARD NAME NAME STREET ADDRESS 5 SPRINGWOOD TR STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL 00000 CITY+ST-ZIP DS Delete TID F TITLE ☐ Change ☐ Addition NAME BROWN, JANET L NAME STREET ADDRESS 2505 LAKE SHORE DR. STREET ADDRESS ORLANDO, FL 32803 CITY-ST-ZIP CITY-ST-ZIP DVP Channe TITLE Delete TITLE ☐ Addition 143 Zaharias Circle NAME SCHIEHING, MICHAELA D NAME 38 WISTERIA DR. STREET ADDRESS STREET ADDRESS ORMOND BEACH, FL 32176 Daytona 13ch, FL 32,24 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KELLY, JANICE NAME NAME 1100 DEER GULLEY CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**SIGNATURE:** 

SIGNATU

Daytime Phone #

**FILED**