2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 09, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # 768339 AGE SOUTH OF CARROL	LWOOD, INC) .				08-09-200	06 90012	044 ****	61.25	
Principal Place of Business Mailing Address PO BOX 270353 PO BOX 270353 TAMPA, FL 33688 TAMPA, FL 336						100 HOLE	2001 MIRA WAN 1110 1 0	5002		Hiti o a a a a a a a a a a a a a a a a a a	
2. Principal Place of Business 3. Ma			ress		•						
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			08022006	Chg-NP	CR2E	037 (4/06)		
City & State		City & State			4. FEI Numbe 59-287			—	oplied For ot Applicable		
Zip	Country	Zip		Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Curren	Registered Agent	<u> </u>			7. Name and	Address of New I	Registered	Agent		
PRENZEL, NORM 4213 CANTNAL AVE TAMPA, FL 33624					Name Street Address (P.O. Box Number is Not Acceptable)						
				City		FL Zip Code					
	named entity submits this statement fi ions of registered agent.	or the purpose of cl	hanging its regis	stered office o	r registere	ed agent, or bot	h, in the State of Fl	orida. I am	familiar with,	and accept	
SIGNATURE .											
	Signature, typed or printed name of registered ager	t and title if applicable.	(NOTE: Rega	istered Agent signat	ure required v	when reinstating)		DATE			
Di	Filing Fee is \$61.25 ue by September 6, 2006	9. E	(NOTE: Regi lection Campaig rust Fund Contri	gn Financing		\$5.00 May B Added to Fees		fake chec	k payable treent of Si		
10.	Filing Fee is \$61.25	9. E	lection Campaig rust Fund Contri	gn Financing		\$5.00 May B Added to Fees		fake checi rida Depar	tment of Si	tate	
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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 617, 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:

Mary Ann

Marchand

7/30/06

8/3-244-1293

SIGNATURE: _