

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90014 022 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

60020105



01312006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1319088 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CALDWELL, CRAIG D
10556 INDIAN HILLS CT
LARGO, FL 33777

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DCSV
NAME CALDWELL, CRAIG D.
STREET ADDRESS 10556 INDIAN HILLS CT
CITY-ST-ZIP LARGO, FL 33777 ☐ Delete

TITLE PD
NAME MCNEAL, RAND E.
STREET ADDRESS 1276 80TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33707 ☐ Delete

TITLE T.
NAME CALDWELL, CRAIG D
STREET ADDRESS 10556 INDIAN HILLS CT
CITY-ST-ZIP LARGO, FL 33777 ☐ Delete

TITLE D
NAME MCNEAL, MARY E
STREET ADDRESS 1276 80TH STREET SOUTH
CITY-ST-ZIP ST. PETERSBURG, FL 33707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 V
NAME MCNEAL, MARY E
STREET ADDRESS 1276 80TH ST-S
CITY-ST-ZIP ST PETERSBURG, FL 33707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-17-06

573-9300