

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000168

1. Entity Name
ROTARY CORPORATION



Principal Place of Business
HIGHWAY 23 NORTH
GLENNVILLE, GA 30427

Mailing Address
HIGHWAY 23 NORTH
GLENNVILLE, GA 30427



02162006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0959394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYDBERG, THOMAS H ESQ
400 NORTH TAMPA STREET, SUITE 1050
TAMPA, FL 33602-4707

**DO NOT WRITE
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)

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

1100000452468
03/11/06-80028-004 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTC
NELSON, ED
P.O. BOX 747
GLENNVILLE, GA 30427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
MARTIN, TARA
P.O. BOX 747
GLENNVILLE, GA 30427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HEILMAN, TRACI
P.O. BOX 747
GLENNVILLE, GA 30427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KENNEDY, DONALD
P.O. BOX 617
REIDSVILLE, GA 30453

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MARTIN, DON
P.O. BOX 747
GLENNVILLE, GA 30427

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 #