

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90285 031 ***150.00

60025520



03212006 Chg-P CR2E034 (11/05)

4. FEI Number
20-0632253
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 N/A

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	DPC	<input type="checkbox"/> Delete
NAME	GRDEN, NANCY L	
STREET ADDRESS	4425 CORPORATION LANE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILDRESS, LORENZO JR.	
STREET ADDRESS	4425 CORPORATION LANE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARLSON, JAMES G	
STREET ADDRESS	4425 CORPORATION LANE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	BALDWIN, STANLEY F	
STREET ADDRESS	4425 CORPORATION LANE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TOTH, KATHLEEN K	
STREET ADDRESS	4425 CORPORATION LANE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ANGLIN, SCOTT W	
STREET ADDRESS	4425 CORPORATION LANE	
CITY-ST-ZIP	VIRGINIA BEACH, VA 23462	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: O.R. KLS
3/28/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06
Date

757-321-3507
Daytime Phone #