## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Nam		078			04-24-2006	5 90395 048 ***15	0.00	
Principal Plac 10500 S. JEF LAKE PLACID	FERSON ST.	Mailing Address 10500 S. JEFFERSON ST LAKE PLACID, FL 33852			สิกก่องกละ	••		
	lace of Business  CANAL Rd  #, etc.	3. Mailing Address 6315 CAN. Suite, Apt. #, etc.	AL Rd	02232006	Chg-P	CR2E034 (11/05)		
City & State PAL M	ETTO FL Country	City & State PALMETTO Zip	FL	4. FEI Numb 61-125 5. Certificate	er	Ar		
340	6. Name and Address of Current F	34221	USA	7. Name an	d Address of New I	Fee Require	:a	
	o. Name and Addices of Carrent	togistarea rigent	Name	11.0000	Taral	- /-		
ISAACS, MONICA 10500 S. JEFFERSON ST. LAKE PLACID, FL 33852			Street Ad	Street Address (P.O. Box Number is Not Acceptable)  6.315 CANAL ROAD				
Cit				PALMETTO		FL Zip Coo	221	
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. † am familiar with, and accept the obligations of registered agent.							and accept	
the obligati	00111-1	<u></u>	1/ mrans		- Da ' M	امما		
SIGNATURE CLIFFORD TREALOUT, Proj MGR Signature proped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
SIGNATURE	Signature typed or printed name of registered agent as	nd title if applicable. (NOTE: I	Registered Agent signatu	) REHLUL tre required when reinstating)	11 , 170g /VI	DATE		
FiL	Signature proper or printed name of registered agent at E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees	77 , 1 <del>70</del> /VI	DATE		
FiL	## NOW!!! FEE IS \$150.00	9. Election Campaig     Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	, J.	DATE  DATE  FICERS AND DIRECTOR	S IN 11	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0 OFFICERS AND D	9. Election Campaig     Trust Fund Contrib	n Financing pution.	\$5.00 May Be Added to Fees	, J.	DATE	S IN 11	
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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 with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

RICHMOND, KY 40475

SIGNATURE: RECOMMA S. RITCHIE FRENONNA S. RITCHIE	(859)624-4256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DITTOLLER/Sec-Treds	Daytime Phone EXT 2191
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