

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90057 001 \*\*\*300.00

66023974



08282006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2055618** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**MOHRMAN, LEROY D**  
**3000 WEST 45TH STREET**  
**JACKSONVILLE, FL 32209**

Name **Ennis, Robert W.**

Street Address (P.O. Box Number is Not Acceptable)

**5150 Belfort Rd. S. Bldg. 600**

City **Jacksonville** FL Zip Code **32256**

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 *Robert Ennis*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **9/3/06**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **MOHRMAN, LEROY D.**  
STREET ADDRESS **P.O. 12547**  
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE **ST** ☐ Delete  
NAME **MOHRMAN, ANN S**  
STREET ADDRESS **P.O. BOX 12547**  
CITY-ST-ZIP **JACKSONVILLE, FL 32209**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8987 Tanque Verde 309-382**  
CITY-ST-ZIP **Tucson, AZ 85749**

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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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/3/06**

Daytime Phone # **520-760-0095**