

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90095 017 \*\*\*150.00

**60028560**



03272006 Chg-P CR2E034 (11/05)

4. FEI Number  
**57-0723515**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT N**  
**5333 SW 75TH ST.**  
**Z-148**  
**GAINESVILLE, FL 32608**

## 7. Name and Address of New Registered Agent

Name  
**NRAI Services, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2731 Executive Park Drive, Suite 4**  
City  
**Weston** FL Zip Code  
**33331**

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

*KAREN REDMAN*  
Signature, typed or printed name of registered agent and title if applicable.

**KAREN REDMAN**  
**ASST. SEC.**

(NOTE: Registered Agent signature required when reinstating)

**3/31/06**  
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	CCEO	<input type="checkbox"/> Delete
NAME	DAVIS, HINTON G	
STREET ADDRESS	ONE FERNANDINA CT.	
CITY-ST-ZIP	COLUMBIA, SC 28212	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	FRYERS, MARK E	
STREET ADDRESS	411 NAUTICAL CT.	
CITY-ST-ZIP	CHAPIN, SC 29036	
TITLE	S	<input type="checkbox"/> Delete
NAME	JACK, GRINDSTAFF F	
STREET ADDRESS	106 WILKSHIRE DR	
CITY-ST-ZIP	COLUMBIA, SC 29210	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, M E	
STREET ADDRESS	ONE FERNANDINA CT.	
CITY-ST-ZIP	COLUMBIA, SC-28212	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUTTS, T E	
STREET ADDRESS	ONE FERNANDINA CT.	
CITY-ST-ZIP	COLUMBIA, SC 28212	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, GEORGE E	
STREET ADDRESS	121 SHARON LAKE CT	
CITY-ST-ZIP	LEXINGTON, SC 29072	

## 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
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
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:

*Jack F. Grindstaff*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/17/06**  
Date

**803-732-0060**  
Telephone #