

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAR -2 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*RSC*



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3410197	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 \_\_\_\_\_ (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	VTD
NAME	HEIAR, GLENN
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	PD
NAME	SCHILLER, ROBERT R
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	CEO
NAME	SCHILLER, ROBERT R
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	S
NAME	KATZ, GLENN
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	VAS
NAME	BARATELLI, PHIL
STREET ADDRESS	13386 INTERNATIONAL PARKWAY
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400067449384  
03/09/06--01017--002 \*\*\$50.00

**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:**

*Phil Baratelli*

Vice President/Assistant Secretary 02/21/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #