

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAR 30 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2241856 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NOBLES, ALLEN K
2844 PABLO AVENUE
TALLAHASSEE, FL 32308

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
NOBLES, ALLEN K.
2799 A.J. HENRY PARK DRIVE
TALLAHASSEE, FL 32309

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ADAMS, WILLIAM P
1307 SHADY REST ROAD
HAVANA, FL 32333

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ZOLTEK, MICHAEL J
2605 PALAMINO TRAIL
CRESTVIEW, FL 32536

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GRISWOLD, DAVID J
5094 NW COUNTY ROAD 274
ALTHA, FL 32421

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

300070798483
04/18/06--01036--005 **268.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.23.06

Date

850-385-1179

Daytime Phone #