## **2006 FOR PROFIT CORPORATION**

**FILED** Apr 06, 2006 08:00 AM

	ANNUAL F	REPORT		Secretary of State
1. Entity Nan	MENT # G44005  OORE AND HEALEY, P.A.			Secretary of State
Principal Plac	ce of Business	Mailing Address		-
4910 BEACH		4910 BEACH BLVD		
	LE, FL 32207 US		US	
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<b>}</b>	·	was are a remaining a remaining a remaining a		59-2300345 Not Applicable
}				5. Certificate of Status Desired  \$8.75 Additional
			Fee Required	
}	6. Name and Address of Current Reg	istered Agent	-	er i i i i i i i i i i i i i i i i i i i
MOORE	ROBERT C.			
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JACKSON	IVILLE, FL 32207			IN THIS SPACE
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8 The above	named entity cultivite this statement for the	nunnee of changing its register	and office or register	
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, speed or primted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE				
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.  After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			.00 May Be led to Fees	
10.	OFFICERS AND DIR	ECTORS	]	
TITLE	DP		1	-
NAME	MOORE, ROBERT C		1	
STREET ADDRESS GITY-ST-ZIP	1617 KING ST.			
	JACKSONVILLE, FL 32204		4	~U00008494541 04/20706-80050-002 150,1
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City-St-Zip	{		•	, "
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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				
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 supplied that report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver, or further 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.				
changed, or on an attachment with an address, with attother like empowered.				
SIGNATURE: 1604 414/06 904-399-0667				
SIGNATURE: 4/4/06 904-349-0661				