## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2006 08:00 AM Secretary of State

4/15/06

|  | AITITOAL  | **************************************  | <del>,</del>                          | Secretary of State  |
|--|---|---|---------------------------------------|---|
| 1. Entity Nan  | MENT # H12576<br>D. KOZAK, P.A.   |   |                                       |   |
| Principal Plac   | ce at Business  | Mailing Address   |                                       | 7   |
| 227 WOODS  |   | P.O. BOX 729  |                                       |   |
| OSPREY, FL   |   | NOKOMIS, FL 34274-0729  |                                       |   |
| OSCIECT, I'L   | 34229 03  | 110NON13, 11 34274-0729   |                                       |   |
| {  |   |   |                                       | l iganam alat kibra kibul dini rabib diri dibah dibah dibah dibah diri berhada in rabi  |
|  |   |   | · · · · · · · · · · · · · · · · · · · |   |
| 1  |   |   |                                       | 04132006 No Chg-P CR2E034 (11/05)   |
| DO NOT WRITE IN THIS SPACE   |   |   |                                       | ) DF132000 110 Gig ( C122007 (11/05)  |
| } <b>L</b>   | JO NO! WKIE   | IN I HIS SPA  | CE                                    | 4. FEI Number Applied For   |
| 1 -  |   |   |                                       | 59-2426415   Not Applicable   |
| }  |   | . ,   | •                                     | 5. Certificate of Status Desired   \$8.75 Additional  |
| 1  |   | er many training the company of the |                                       | 5. Certificate of Status Desired  Fee Regulred  |
|  | 6. Name and Address of Current R  |   | T                                     | <u> </u>  |
|  |   |   |                                       |   |
| KOZAK, IN  | NGRID D   |   | 1                                     | DO NOT MINITE   |
| 227 WOODS POINT RD.  |   |   |                                       | DO NOT WRITE  |
| OSPREY, FL 34229   |   |   | 1                                     |   |
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| }  |   |   | 1                                     |   |
| }  |   |   | 1                                     |   |
| 6. 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 memo of registered agent and title if applicable (NOTE: Registered Agent angles required when reinstating) QATE  |   |   |                                       |   |
| FILE NOWLIT FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees                               |   |   |                                       |   |
| 10.  | OFFICERS AND D  | RECTORS   | - I                                   |   |
| TITLE  | PD  |   | - <b>I</b>                            |   |
| NAME   | KOZAK, INGRID D   |   | ł                                     |   |
| STREET ADDRESS   | 227 WOODS POINT RD.   |   | ł                                     |   |
| GITY-ST-ZIP  | OSPREY, FL 34229  |   | 3                                     | בסאכן בחתחחחון.   |
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| TITLE  | ļ   |   | £                                     |   |
| NAME   | <b>{</b>  |   | 1                                     | •   |
| STREET ADURESS   | į   |   | Į.                                    |   |
| C)7Y-S3-2IP  | <b>{</b>  |   | 1                                     |   |
| TITLE  |   |   | 1                                     |   |
| NAME   | {   |   | •                                     |   |
| STREET ADDRESS   | 1   |   | }                                     |   |
| CITY-ST-ZIP  | }   |   | 1                                     | DO NOT WRITE  |
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| TITLE  | }   |   | 1                                     | IN THIS SPACE   |
| NAME   | ]   |   | ľ                                     | IN THE GIAGE  |
| STREET ADDRESS   | {   |   | ł                                     |   |
| CITY-ST-OF   | }   | •   | 3                                     |   |
| TIFLE  | }   | <del> </del>  | 1                                     |   |
| MAME   | }   |   | 1                                     |   |
| STREET ADDRESS   | }   |   | •                                     |   |
| CITY-ST-ZIP  | {   |   | }                                     |   |
| <del> </del>   | <del> </del>  |   | -}                                    | **  |
| TITLE  | }   |   | 1                                     |   |
| NAME   | j   |   | }                                     | •   |
| Street address   | }   |   | }                                     |   |
| CITY-ST-ZIP  | }   |   | Į                                     |   |
| 12. Thereby  | cettify that the information supplied with t  | his filing does not quality for the ex  | emplions contained                    | Lin Chanter 119 Florida Statutes   further partitu that the Information   |
| indicated  | on this report or supplemental report is  | Tue and accurate and that my signs  | ature shall have the                  | d in Chapter 119, Florida Statutes. I further certify that the Information same legal effect as if made under oath, that I am an officer or precior 7, Rorida Statutes; and that my name appears in Block 10 or Block 11 if |
|  |   |   | mad by Chambas 607                    | 7. Elevida Statuton, and that my name engage in Block 15 or Block 11 if   |
| of the cor   | rporation of the 1909091 of trustee empoy<br>or on an attachment with an address wi | tered to execute this tebou as tedr   | med by cuaties on                     | , rottoa diatotas, and mai try haitia appears in block in or block in in  |