## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

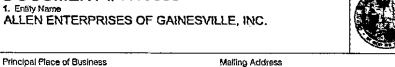
## **DOCUMENT # H16083**

1. Entity Name

SUITE F

3545 S.W. 34TH STREET

GAINESVILLE, FL 32608



P.O. BOX 1402B0

GAINESVILLE, FL 32614-0280 US

**FILED** Feb 20, 2006 08:00 AM **Secretary of State** 



## DO NOT WRITE IN THIS SPACE

02152006 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2440152 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

ALLEN, CHARLES L. 3545 SW 34 STREET SUITE F

SIGNATURE: Charle SIGNATURE AND TYPE

## DO NOT WRITE

GAINESVILLE, FL 32608			IN THIS SPACE		
<ol> <li>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.</li> </ol>					
SIGNATURE Signature, typed or painted name of registered agent and the if applicable. (MOTE: Registered Agent signature required when reinstaling)  DATE					
FILE NOWIII FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campai Trust Fund Contr			cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	Ĭ		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALLEN, CHARLES L. 3545 SW 34 STREET, SUITE F GAINESVILLE, FL 32608				Νερούτερο <b>Α Α ΟΕΓΙΌ</b> ΓΟ
HITLE NAME STREET ADDRESS CITY-SI-ZIP	DV ALLEN, JUNE P 3545 SW 34TH ST, SUITE F GAINESVILLE, FL 32608				#100000440533 03/02/06-80043-024 150.00
TITLE NAME STREET AUURESS CITY-ST-JIP				DO	NOT WRITE
TITLE HAME STREET AUDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET AUGRESS CITY-ST-ZIP					
TITLE			}		
HAME			1		
STREET ADDRESS			ł		
COTY-ST-ZIP			ł		
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.					