

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 SEP 22 PM 4:11

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



07132006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2446479

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

COMPTON, JOHN M
1819 MAIN ST
STE 610
SARASOTA, FL 34236

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	PICKLE, KEITH A.
STREET ADDRESS	1939 LINCOLN DR
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	DP
NAME	MCDEVITT, WILLIAM J.
STREET ADDRESS	2201 CANTU CT
CITY - ST - ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	MULLANEY, DONALD T
STREET ADDRESS	1880 CHIMNEY CREEK PLACE
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	VP
NAME	MOORE, WILLIAM
STREET ADDRESS	349 6TH AVENUE
CITY - ST - ZIP	TERRE VERDE, FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

500080313255
09/29/06--01067--019 **150.00

**DO NOT WRITE
IN THIS SPACE**

K. Eckel SEP 25 2006

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

Date

Daytime Phone #

9-15-06 941/377-8555