

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

APPROVAL  
GL # 6400-01  
PAID 1-1806  
CK. # \_\_\_\_\_



1st MOORE CR2E034 (10/05)

4. FEI Number **59-2506354** ☐ Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LANDIS, DAVID M  
TWO LANDMARK CTR  
STE 600, 225 E ROBINSON ST  
ORLANDO FL 32801

## 7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. I, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00 May E**  
Trust Fund Contribution. ☐ **Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LANDIS, DAVID M.	
STREET ADDRESS	STE 600 TWO LANDMARK CENTER 225 ROBINSON S	
CITY	ORLANDO FL 32801	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	KANE, JON E.	
STREET ADDRESS	STE 600, 2 LANDMARK CTR 225 E ROBINSON ST	
CITY	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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01/30/06-80001-009 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information contained 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 unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: David M Landis, Pres 1/24/06 407425 804x