

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90035 024 ***150.00

46900377



01052006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2757030** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KEEBLER, WILLIAM C.
2184 U.S. HWY. 17 NORTH
SEVILLE, FL 32190-7009

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	REGISTER, JAMES M	
STREET ADDRESS	160 REGISTER LANE	
CITY-ST-ZIP	SEVILLE, FL 32190	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REGISTER, JAMES W. JR.	
STREET ADDRESS	195 REGISTER LANE	
CITY-ST-ZIP	SEVILLE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOBLOCK, JOHN	
STREET ADDRESS	5695 JOHNSON LAKE RD	
CITY-ST-ZIP	DE LEON SPRINGS, FL 32130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KEEBLER, WILLIAM C	
STREET ADDRESS	110 FALLEN TIMBER TRAIL	
CITY-ST-ZIP	DELAND, FL 32723	
TITLE	S	<input type="checkbox"/> Delete
NAME	REGISTER, AMY B	
STREET ADDRESS	160 REGISTER LN.	
CITY-ST-ZIP	SEVILLE, FL 32190	
TITLE	VD	<input type="checkbox"/> Delete
NAME	REGISTER, MICHAEL A	
STREET ADDRESS	240 REGISTER LANE	
CITY-ST-ZIP	SEVILLE, FL 32190	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Register, James W. Jr.	
STREET ADDRESS	195 Register Lane	
CITY-ST-ZIP	Seville, FL 32190	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Keebler, William C.	
STREET ADDRESS	110 Fallen Timber Trail	
CITY-ST-ZIP	DeLand, FL 32723	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert E. Thompson	
STREET ADDRESS	2099 Turner Lane	
CITY-ST-ZIP	Pierson, FL 32180	
TITLE	Ex VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Register	
STREET ADDRESS	180 Register Lane	
CITY-ST-ZIP	Seville, FL 32190	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Amy B. Register CFO + Secretary 1-5-06 386-749-9249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #