## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 08:00 AM Secretary of State

	AMONE	1121 0111		7	Saaria	tamy of	State
1. Entity Name	MENT # J49359 TERPRISES, INCORPORAT			Secre	tary of	State	
				}			
Principal Place	e of Business	Mailing Address		}			
POST OFFICE		POST OFFICE BOX 375					
TALLAHASSE	E, FC 32302	TALLAHASSEE, FL 32302		}			
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				01112006	No Chg-P	CR2E034 (1	11/05)
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				59-281	6706	60.	Not Applicable
			a listiki jer Listoralista	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current R	egistered Agent	-				
	ELO, PAUL F. JR.			nn	NOT W	DITE	: `` `` `` :
4913 N. MONROE ST TALLAHASSEE, FL 32303				z j paj en kojuaroj	Reduction of the state of the		r
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5022,72 52666		Lygan spanny new h	IN	THIS SF	ACE	
						` . `	
	named entity submits this statement for	the purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Fl	orida I am famil	iar with, and accept
the obligat	tions of registered agent						
SIGNATURE.	Signature, typed or conted tizzne of registered agent to	id tale if applicable (NOTE: Registe	red Agent signature require	d when remeteting)	<del></del>	DATE	<del></del>
}- <del></del> -	<del></del>	A Station Committee The				<del> </del>	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	!	ancing \$5 a. Add	.00 May Be led to Fees	}		
10.	OFFICERS AND C	DIRECTORS		erren de la companya			
NAME	SEAY, BUBBA			i di Mesar Tri ri respisa. Tr			Comment
STREET ADORESS CITY - ST - ZIP	3938 BOBBINBROOK CIRCLE	,	1.		•		
TITLE	TALLAHASSEE, FL		— 64804363943.30	Sidi i ildədiri V	en er er El vilasekilmakilmakil		,
{ } NAME	SEAY, KENNETH			a grand old development production (see track)	., <u>4</u> 9900	1392794	An et e deputation et e
STREET ADDRESS	4340 SHERBORNE RD TALLAHASSEE, FL 32303				erczaino.		5 150.00
TITLE	77,22 111,002,3,12 02,00				Marika mpanasa	ingganiya inggay	
NAME.	-		1	***			
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NAME STREET ADDRESS							. Vinigonia de la companya de la com
CITY-SI-ZIP	<u> </u>		1				
) indicate	certify that the information supplied with d on this report or supplemental report is	true and accurate and that my stor	nature shall have the	e same legal eff	ect as if made under	cato that Lam a	an officer or director
of the co	orporation or the receiver or trustee empo i, or on an attachment with an address, v	wered to execute this report as rec	juired by Chapter 60	77. Florida Statu	ites; and that my nar	ne appears in Bi	ock 10 or Block 11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR