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

## Mar 22, 2006 8:00 am Secretary of State **DOCUMENT # J89994** 03-22-2006 90001 005 \*\*\*150.00 TOTAL MAINTENANCE OF BAY COUNTY, INC. Principal Place of Business Mailing Address C/O JEFFREY W. WARD C/O JEFFREY W. WARD 2326 EAST 34TH PLACE 2326 EAST 34TH PLACE PANAMA CITY, FL 32405 ŲS PANAMA CITY, FL 32405 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03072006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 59-2846863 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WARD, JEFFREY W. Street Address (P.O. Box Number is Not Acceptable) 2326 34 PLACE PANAMA CITY, FL 32405 City 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 Separature, typed or printed name of registered agent and tide if approache. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition STD ☐ Change Delete TITLE TITLE WARD, THERESA D. NAME NAME STREET ADDRESS 2326 E 34TH PLACE CIDECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL ☐ Change ☐ Addition IIILE ☐ Delete IME WARD, JEFFREY W. NAME STREET ADDRESS 2326 E 34TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL ☐ Change ☐ Addition ☐ Detete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 pecaver 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 attagraphent with an address, with all other like empowered. indicated on this reput to support of the copporation of the corporation of the pecelver or trustee empowered to execute a channel or on an attachment with an address, with all other like er

CITY-ST-ZIP

SIGNATURE: \(\(\frac{1}{2}\)

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