

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90204 026 \*\*\*150.00

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<b>DOCUMENT # K79055</b> 1. Entity Name PACESETTER ENTERPRISES, INC.			
Principal Place of Business <del>2019 CENTRE POINTE BLVD</del> <del>SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>		Mailing Address <del>2019 CENTRE POINTE BLVD</del> <del>SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>	
2. Principal Place of Business 446 Conradi St. Suite, Apt. #, etc. H107		3. Mailing Address P.O. Box 12579 Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32304 Country USA		City & State Tallahassee, FL Zip 32317 Country USA	
4. FEI Number 59-2943235		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOTTICE, JOHN P <del>2019 CENTRE POINTE BLVD</del> <del>SUITE 101</del> <del>TALLAHASSEE, FL 32308</del>		7. Name and Address of New Registered Agent Name Mottice, John P (same) Street Address (P.O. Box Number is Not Acceptable) 446 Conradi St., H107 City Tallahassee FL Zip Code 32304	
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: <small>Signature, typed or printed name of registered agent and title if applicable</small>		John P. Mottice, President <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS MOTTICE, JOHN P <del>2019 CENTRE POINTE BLVD</del> <del>TALLAHASSEE, FL 32308</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS same 446 Conradi St. H107 Tallahassee, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		John P. Mottice, President <small>Date</small>	
4/26/06		850-386-2117 <small>Daytime Phone #</small>	