

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 14 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08082006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2995977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALE, STEVEN M
4012 MORELAND DRIVE
VALRICO, FL 33594

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME DAY, STEPHEN C MR.
STREET ADDRESS P.O. BOX 778
CITY-ST-ZIP VALRICO, FL 33595

TITLE ~~ST~~ ☐ Delete
NAME VANBROCKLIN, ELIZABETH C MRS.
STREET ADDRESS P. O. BOX 778
CITY-ST-ZIP VALRICO, FL 33595

TITLE V- ☐ Delete
NAME Kale, Steven M.
STREET ADDRESS 4012 Moreland Drive
CITY-ST-ZIP Valrico, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300078761933
CITY-ST-ZIP 08/16/06--01018--014 **\$1.25

TITLE S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: Elizabeth C. Van Brocklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/06 (813)681-8016

Date Daytime Phone #

20 8/15