## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2006 08:00 AN Secretary of State

ANNOAL REPORT						<i>J</i> , 2000	
1. Entity Nan	MENT # L74018 I. SUTTON, P.A.			-	Se	cretary	of State
1	ce of Business MAIN STREET . 33830 US	Mailing Address P.O. DRAWER 427 BARTOW, FL 33831-0427 US					1011 <b>Cocker</b> a († 15 <b>1</b> 4
C	OO NOT WRITE	IN THIS SPA	CE	02052006 4. FEI Numbe 59-3011		CR2E034 (11	tan alanag; (1 18 <u>4)</u>
	6. Name and Address of Current R	egistered Agent		+		<del></del>	
325 WES	DEBRA J. TMAIN STREET , FL 33830	DO NOT WRITE IN THIS SPACE					
8. The above the obligation of the signature.	e named entity submits this statement for I tions of registered agent.		_		h, in the State of Fl	orida, I am familiar	with, and accept
	Signature, typed or printed name of registered signitians	fille if applicable (NOTE Registered	d Agent signature required	when reinstating)		DATE	****
After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	cing \$5.	00 May Be				
10.	OFFICERS AND D	RECTORS	ł		· // // // // // // // // // // // // //	***	
NAME STREET ADDRESS CITY-ST-ZIP	DP SUTTON, DEBRA J. 325 WEST MAIN STREET BARTOW, FL 33830		- `		(ທີ່ທີ່ທີ່ໄດ້ 02/20/06	0425 <b>61</b> 4 -60009-001	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7 FT 1844		IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS				<del></del>			

12. Thereby 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 prive 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 tustee employeered 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 attachmony with an address, with all giner like empowered.

SIGNATURE: W

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06 863-533-89/1

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