

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90014 001 ***158.75

40021314



02272006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3010560 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, BURITA
226 DEERWOOD CIRCLE W
MIDDLEBURG, FL 32068

HILLYARD

7. Name and Address of New Registered Agent

Name HILLYARD BURITA - I
Street Address (P.O. Box Number is Not Acceptable)
226 Deerwood Circle W
middleburg FL 32068
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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, BURITA I PRES 3585 KORT ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HILLYARD BURITA I PRES 226 Deerwood Circle W middleburg FL 32068	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Signature of Hillyard
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/2006 904-716-9177

ATTACHMENT

40021812

Department of Health - Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD # L76233TYPE IN UPPER CASE
USE BLACK INKThis license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

Recorded in Public Records
06/03/2005 at 09:07 AM OR
Book 12526 Page 2.
Instrument #2005204569.
Jim Fuller Clerk of the Circuit
Court
Duval County, FL

2005-02176

(APPLICATION NUMBER)

APPLICATION TO MARRY

1. GROOM'S NAME (FIRST, MIDDLE, LAST) CRAIG WESLEY HILLYARD			2. DATE OF BIRTH (MONTH, DAY, YEAR) 8/12/1973			
3a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		3b. COUNTY DUVAL		3c. STATE FLORIDA		
1. BRIDE'S NAME (FIRST, MIDDLE, LAST) BURITA IRENE ALLEN			1. MAIDEN SURNAME (IF DIFFERENT) BOWLIN		6. DATE OF BIRTH (MONTH, DAY, YEAR) 5/12/1951	
7a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE		7b. COUNTY DUVAL		7c. STATE FLORIDA		
			8. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TENNESSEE			

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF GROOM (SIGN FULL NAME USING BLACK INK)

▶ *Craig Wesley Hillyard*

10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

04/29/2005

11. TITLE OF OFFICIAL

DEPUTY CLERK

12. SIGNATURE OF OFFICIAL (USE BLACK INK)

▶ *Jim Fuller*

13. SIGNATURE OF BRIDE (SIGN FULL NAME USING BLACK INK)

▶ *Burita Irene Allen*

14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)

04/29/2005

15. TITLE OF OFFICIAL

DEPUTY CLERK

16. SIGNATURE OF OFFICIAL (USE BLACK INK)

▶ *Jim Fuller*

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE

DUVAL

18. DATE LICENSE ISSUED

04/29/2005

18a. DATE LICENSE EFFECTIVE

05/03/2005

19. EXPIRATION DATE

07/03/2005

20a. SIGNATURE OF COURT CLERK OR JUDGE

▶ *Jim Fuller*

20b. TITLE

Clerk of the Circuit Court

20c. BY D.C.

C.L.C.

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (MONTH, DAY, YEAR)

May 29, 2005

22. CITY, TOWN, OR LOCATION OF MARRIAGE

Middletown, Florida

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (USE BLACK INK)

▶ *Sharon L. Hamman*

23c. ADDRESS OF PERSON PERFORMING CEREMONY

1913 Hawthorne Dr.
Jacksonville, FL 32259

23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (OR NOTARY STAMP)

Sharon L. Hamman
My Commission DD184302

SIGNATURE OF WITNESS TO CEREMONY (USE BLACK INK)

▶ *Chad B. Anderson*

25. SIGNATURE OF WITNESS TO CEREMONY (USE BLACK INK)

▶ *Sharon L. Hamman*

SEAL

INFORMATION BELOW MUST BE FURNISHED TO VITAL STATISTICS DIVISION TO BE RECORDED

GROOM	26. SOCIAL SECURITY NUMBER	27. RACE	28. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 28, THEN COMPLETE ITEMS 29a, 29b, AND 29c:		
	251655688	CAUCASIAN	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	29a. NO. OF THIS MARRIAGE	29b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	29c. DATE LAST MARRIAGE ENDED (MONTH, DAY, YEAR)
BRIDE	30. SOCIAL SECURITY NUMBER	31. RACE	32. WERE YOU EVER PREVIOUSLY MARRIED?	IF ANSWER IS 'YES' TO ITEM 32, THEN COMPLETE ITEMS 33a, 33b, AND 33c:		
	292500408	CAUCASIAN	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	33a. NO. OF THIS MARRIAGE	33b. LAST MARRIAGE ENDED BY (DEATH, DIVORCE OR ANNULMENT)	33c. DATE LAST MARRIAGE ENDED (MONTH, DAY, YEAR)