## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 08:00 AM Secretary of State

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1. Entity Na	IMENT # M94059 GGING, INC.	*				
4973 JOINE	R CIRCLE	Mailing Address 4973 JOINER CIRCLE MILTON, FL 32583 US		1 1001/1001/1001/1001	; ; ; ;	RIBAR BIKRIS BURKS BURKS BURKT RIBAR BIKRIJARAS II KRBI
	OO NOT WRITE I	N THIS SPA	CE	04052006  4. FEI Number 59-2903	No Chg-P	CR2E034 (11/05)  Applied For Not Applicate
				5. Certificate o	l Status Desired	\$8.75 Additional Fee Required
4962 JOI	6. Name and Address of Current Regi N, KIMBERLY NER CIRCLE FL 32583	sternd Agent			NOT WI HIS SPA	,
the obliga	e named entity submits this statement for the tions of registered agent.  Signature types or provided name of registered agent and titll  E NOW!!!! FEE IS \$150.00	o d applicable INOTE: Registers 9. Election Campaign Finar	paj erulangie magA bi	juited when relinations)	in the State of Flori	da, i am tamillar with, and acception to the control of the contro
After M	lay 1, 2006 Fee will be \$550.00	Trust Fund Contribution.	٨. 🛘	Added to Fees	<u>}.</u>	
10.  IIILE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME	P JOINER, WILLIAM LAMAR 4973 JOINER CIRCLE MILTON, FL 32583 VP JODY LAMAR JOINER	C1045			U000005 05/02/06-8	518306 30005-006 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4970 JOINER CIRCLE MILTON, FL 32583 ST KIMBERLY JERNIGAN 4962 JOINER CIRCLE MILTON, FL 32583				NOT WI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOINER, CHANDA 4970 JOINER CIRCLE MILTON, FL 32583			IN T	HIS SP	ACE

12. I hereby certify that the information supplied with this filing does not quality 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 cath; 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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/11/06

850-626-6350