


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000008962</b> 1. Entity Name SUWANNEE VALLEY DET. 1086 INC.	
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Principal Place of Business 4961 256TH ST O BRIEN, FL 32071-4434	Mailing Address 4961 256TH ST O BRIEN, FL 32071-4434
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01072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3726165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  TAYLOR, JOHN R 4961 256TH ST O BRIEN, FL 32071-4434
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	PT CONDY, R. DALE 16418 221ST RD LIVE OAK, FL 320604629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS TAYLOR, JOHN R 4961 256TH ST. O BRIEN, FL 320714434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SRVT PARKER, JOHN 336 NW HOLIDAY INN DR CT LAKE CITY, FL 320554851
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JRV MCCOY, JOHN RT 14 BOX 14315 LAKE CITY, FL 320249603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JA RUSSELL, WALTER E RT 15 BOX 1208-8 LAKE CITY, FL 320241208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U000000216590  
02/05/05-80054-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** R. DALE CONDY **R. DALE CONDY** 2-1-05 386-776-2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #