

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001185

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: INVICTUS T.C., INC.

## Current Principal Place of Business:

210 E COPELAND DR  
ORLANDO, FL 32806

## New Principal Place of Business:

## Current Mailing Address:

210 E COPELAND DR  
ORLANDO, FL 32806

## New Mailing Address:

FEI Number: 46-0519425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, ROB  
210 EAST COPELAND DR.  
ORLANDO, FL 32806 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MERTZ, JOE  
Address: 3956 TOWN CENTER BLVD  
City-St-Zip: ORLANDO, FL 32837

Title: M ( ) Delete  
Name: LINDFORS, KRISTIN  
Address: 3703 LAKE ORLANDO PKWY #11  
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete  
Name: STOLL, CID  
Address: 4617 CASON COVE DR #927  
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Delete  
Name: CHYCHOTA, PAUL  
Address: 252 DANIELS POINTE DR  
City-St-Zip: WINTER GARDENS, FL 34787

Title: D (X) Delete  
Name: CASE, DENISE  
Address: 25302 NELL DR  
City-St-Zip: ORLANDO, FL 32832

Title: T (X) Delete  
Name: ANDERSON, TARA  
Address: 210 E COPLAND DR  
City-St-Zip: ORLANDO, FL 32832

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANDERSON, TARA  
Address: 210 E. COPELAND DR.  
City-St-Zip: ORLANDO, FL 32806

Title: M (X) Change ( ) Addition  
Name: LINDFORS, KRISTIN  
Address: 1166 9TH AVENUE  
City-St-Zip: DELAND, FL 32724

Title: S (X) Change ( ) Addition  
Name: STOLL, CID  
Address: 258 HAWTHORNE GROVES BLVD., #204  
City-St-Zip: ORLANDO, FL 32835

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA ANDERSON

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date