

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006417

FILED  
Mar 20, 2006  
Secretary of State

Entity Name: FLORIDADS, INC.

**Current Principal Place of Business:**

410 RIDGE DR  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

410 RIDGE DR  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOYD, ROBERT J  
AKERMAN SENTERFITT  
106 E COLLEGE AVE - STE 1200  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BOYD, ROBERT J  
200 WEST COLLEGE AVENUE  
SUITE 216  
TALLAHASSEE, FL 32301 US

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:

03/20/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORGAN, DAVID T  
Address: 410 RIDGE DR  
City-St-Zip: NAPLES, FL 34108

Title: VPSD ( ) Delete  
Name: BOYD, ROBERT J  
Address: 106 E COLLEGE AVE - STE 1200  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete  
Name: RAGUSA, JAMES  
Address: 8889 PELICAN BAY BLVD - STE 200  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPSD (X) Change ( ) Addition  
Name: BOYD, ROBERT J  
Address: 200 WEST COLLEGE SUITE 216  
City-St-Zip: TALLAHASSEE, FL 32301

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: DAVID TAYLOR MORGAN

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date