2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Sep 06, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # N18533 RING CENTER, INC.						6 90039 013	,(51.23
Principal Place of Business 1016 MAIN STREET PALATKA, FL 32177		Mailing Address P.O. BOX 953 PALATKA, FL 32177		-		10313		! 1	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09012006 C	hg-NP	CR2E037	(4/06)	
City & Stat	е .	City & State			4. FEI Number 59-275633	33			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required		fitional		
	6. Name and Address of Current	Registered Agent	•	I_	7. Name and Ad	dress of New I	Registered Ager	ıt	
			Name Street	Address (P	.O. Box Number is	•			
				FL Zip Code					
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	s registered office (or registere	ed agent, or both, in	the State of Fl	orida. I am fami	iar with,	and accept
SIGNATURE	·								
	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	FE: Registered Agent signa	ature required v	when reinstating)		DATE	*	
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 ue by September 6, 2006	9. Election Ca	TE: Registered Agent sign: mpaign Financing Contribution.		\$5.00 May Be Added to Fees		DATE Make check pa rida Departme		
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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 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.

Q1	CN	ATI	ID	E٠

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-1-06

386-329-0814