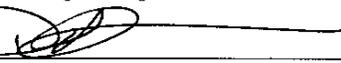
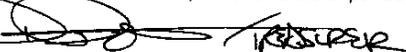


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90181 005 ****61.25

DOCUMENT # N98000001691					
1. Entity Name DAVIS AND JUDI REMBERT FOUNDATION, INC.					
Principal Place of Business 14701 N.W. CR 24T ALACHUA, FL 32615 US			Mailing Address P.O. BOX 729 ALACHUA, FL 32616		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. 13126 N.W. 174 Ave			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3514303				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REMBERT, DAVIS M JR. 14701 N.W. CR 24T ALACHUA, FL 32616			Name		
			Street Address (P.O. Box Number is Not Acceptable) 13126 N.W. 174 Ave		
			City		
			FL Zip Code		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 5/1/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAIER, FRANK		NAME		
STREET ADDRESS	4041-B N.W. 37TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, DONALD A C.P.A.		NAME		
STREET ADDRESS	910A THIRD ST		STREET ADDRESS		
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DAN		NAME		
STREET ADDRESS	4000 N.W. 53RD AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32653		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLOWAY, SAM		NAME		
STREET ADDRESS	500 N.W. 43RD ST SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, DAVIS M JR.		NAME		
STREET ADDRESS	14630 NW CR 299		STREET ADDRESS	13126 N.W. 174 Ave.	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMBERT, JUDITH C MRS.		NAME		
STREET ADDRESS	14630 NW CR 299		STREET ADDRESS	13126 N.W. 174 Ave.	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP		
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.					
SIGNATURE: 		5/1/06		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		804-249-1776		Daytime Phone #	

60051020



05012006 Chg-NP CR2E037 (4/06)