## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P00000024928** 01-12-2006 90164 050 \*\*\*150.00 1. Entity Name MSO-TECH, INC. Principal Place of Business Mailing Address 40000751 10 SOUTH LAKE AVENUE 10 SOUTH LAKE AVENUE LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3630365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GAFFORD, FRANK M ESQ DO NOT WRITE 228 E. DUVAL ST. LAKE CITY, FL 32055 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITL F NAME WILSON, WILLIAM S STREET ADDRESS 10 SOUTH LAKE AVENUE CITY-ST-ZIP LAKE BUTLER, FL 32054 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 607, 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: SIGNATURE: WILLIAMS WILLIAMS WILLIAMS OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

1/0/00

386.496-4100

FILED Jan 12, 2006 8:00 am