

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90182 034 \*\*\*150.00

00022391



01182006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3641349** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MELGAR, DANIEL M JR	
STREET ADDRESS	8550 ULMERTON ROAD, SUITE 200-F	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	PDS	<input type="checkbox"/> Delete
NAME	MALONE, MICHAEL	
STREET ADDRESS	8550 ULMERTON ROAD, SUITE 200-F	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POORMAN, JEFFREY	
STREET ADDRESS	8550 ULMERTON ROAD, SUITE 200-F	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEWITT, TOM	
STREET ADDRESS	8550 ULMERTON ROAD, SUITE 200-F	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	C	<input type="checkbox"/> Delete
NAME	FARRELL, CHARLES	
STREET ADDRESS	8550 ULMERTON ROAD, SUITE 200-F	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18850 Hwy 19 n, Bldg 5, Ste 580	
STREET ADDRESS	Clearwater, FL 33764	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	#	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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]* Michael Malone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-531-6400