## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED Apr 28, 2006 8:00 am Secretary of State

04-28-2006 90161 029 \*\*\*150.00

RICHARD A. GLOVER, C.P.A., P.A. 40068846 Principal Place of Business Mailing Address 1809 MICCOSUKEE COMMONS DR PO BOX 12612 TALLAHASSEE, FL 32317 #108 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State Not Applicable 59-2992333 Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLOVER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1809 MICCOSUKEE COMMONS DRIVE **SUITE 108** TALLAHASSEE, FL 32308 Zip Code FL 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) 9. Election Campaign Financing \$5:00 May Be FILE NOW!!! FEE IS \$150.00  $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Detete TITLE Change GLOVER, RICHARD A NAME NAME STREET ADDRESS PO BOX 12612 STREET ADDRESS CITY-SI-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP □ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP

12. Thereby certify that the information supplied with this filling 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 applications, with all other like empowered.

**SIGNATURE:** 

Richard A. Glover

4/26/a

(970) 422-1042

Daytime Phone #