

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90043 008 ***150.00

DOCUMENT # P01000065056 1. Entity Name GROUP 2000 FLORIDA, INC.			
Principal Place of Business 3001 N. ROCKY POINT DR. E., STE. 200 TAMPA, FL 33607		Mailing Address 200 CLINTON AVENUE WEST SUITE 110 HUNTSVILLE, AL 35801	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 102 Clinton Avenue Suite, Apt. #, etc. Suite 301	
City & State Huntsville AL		4. FEI Number 59-3729716	
Zip 35801		Country AL	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DOHERTY, STEVE 3001 NORTH ROCKY POINT DR., EAST STE. 200 TAMPA, FL 33607		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D HADEN, RUSSELL 13016 CAMELOT DR. HUNTSVILLE, AL 35803	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D DOHERTY, STEVE 1231 ROXMERE RD. TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Russell Haden</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3-14-06</u> Daytime Phone # <u>256-536-2000</u>	

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