

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000089297 1. Entity Name CLUSTER CO.	
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Principal Place of Business 21 NE FIRST AVE OCALA, FL 34470	Mailing Address 21 NE FIRST AVE OCALA, FL 34470
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01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3746226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CLUSTER, EDWIN C 21 NE FIRST AVE OCALA, FL 34470
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**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD CLUSTER, DANIEL E 5111 SE 18TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000513332  
 04/29/06-80126-005 150.00

**DO NOT WRITE IN THIS SPACE**

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, or email other like empowered.

SIGNATURE: Daniel E Cluster Daniel E Cluster 4-12-06 352 2744959  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #