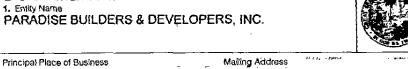
2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000094458

1. Entity Name

445 W 105TH STREET MARATHON, FL 33050



8596 ARLINGTON EXPWAY, STE B

JACKSONVILLE, FL 32211

FILED Apr 06, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-3886390 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAYES, DENNIS E ESQ. 2320 THE WOODS DRIVE WEST JACKSONVILLE, FL 32246

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and life ti	applicable (NOTE: Registered Ag	ert signature required when reinstating)	DATE	
FiL After M:	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g \$5.00 May Be ☐ Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, HAROLD J 8596-B ARLINGTON EXPY JACKSONVILLE, FL 32211			U00880494552 84/20/86-80850-808 [150.0]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, SANDRA J 8596-B ARLINGTON EXPY JACKSONVILLE, FL 32211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGO, DENNIS L 575 W 105TH ST MARATHON, FL 33050		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 flustee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARBLD J. ROGERS

904-725-0556