Para Lak

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 24, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam HILL SHO			267	Secretary of State 02-24-2006 90013 012 ***150.00				
Principal Plac	e of Business	Mailing Address	l					
2288 EXECU WINTER HAVI	TIVE RD En, Fl 33884	P.O. BOX 1564 Winter Haven, FL 338	382	4 10011000 16		P(0) (1881 (12 12 88)	18 SM(1 1888) 110	(# 11
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State		4. FEI Numb 59-375				plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and	Address of New	Registered A	gent	
SHORT, S	COTT		Name					
2288 EXE	CUTIVE RD HAVEN, FL 33884		Street Addi	ress (P.O. Box Numb	er is Not Acceptab	ole)		
			City				Zip Code	
						FL		
	named entity submits this statement i ions of registered agent.	for the purpose of changing its	egistered office or re	gistered agent, or bo	th, in the State of F	-lorida. I am f	amiliar with,	and accept
SIGNATURE.								
SIGNATORIE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Agent signature r	required when reinstating)		DATE	•	
ł	•							
FIL: After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees				
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550 OFFICERS ANI	.00 Trust Fund Contr		Added to Fees	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
10.	OFFICERS AND	.00 Trust Fund Contr	toution	Added to Fees	/CHANGES TO OF	FICERS AND	DIRECTORS Change	S IN 11
10. TITLE NAME	officers and DP SHORT, SCOTT	.00 Trust Fund Contr	11. TITLE NAME	Added to Fees	/CHANGES TO OF	FICERS AND		
10.	OFFICERS AND	.00 Trust Fund Contr	toution	Added to Fees	/CHANGES TO OF	FICERS AND		
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DP SHORT, SCOTT PO BOX 1564 WINTER HAVEN, FL 33882 DVST HILL, MIKE	Trust Fund Contr	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	/CHANGES TO OF	FICERS AND	Change	Addition
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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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.20-06

813-325-978

Daytime Phone #