

*** 2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000118511 1. Entity Name PROBATION PLUS, INC.	
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Principal Place of Business 1100-1 S. PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084	Mailing Address 1100-1 S. PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084
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03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3760370 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent O'CONNELL, W. HENRY 2200 N. PONCE DE LEON BLVD. STE. #10 ST. AUGUSTINE, FL 32084
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELIG, KAREN G 1100-1 S PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERWIN, JACK 1100-1 S PONCE DE LEON BLVD SAINT AUGUSTINE, FL 32084
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04/27/06-80083-025 150.00

**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, with all other like empowered.

SIGNATURE: *Karen Selig* 4/11/06 904-824-773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #