

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90422 027 ***158.75

DOCUMENT # P02000029846 1. Entity Name JAMISON-HINSDALE GC, INC.					
Principal Place of Business 26947 MORTON GROVE DR BONITA SPRINGS, FL 34135			Mailing Address PO BOX 39 BONITA SPRINGS, FL 34133		
2. Principal Place of Business 17503 Old Harmony Dr.		3. Mailing Address			
Suite, Apt. #, etc. #101		Suite, Apt. #, etc.			
City & State FT. MYERS, FL.		City & State			
Zip 33908		Country USA		4. FEI Number 03-0406773	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For Not Applicable			
\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HINSDALE, JULIE H 26947 MORTON GROVE DR BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17503 Old Harmony Dr. #101 City FT. MYERS FL Zip Code 33908		
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 reconstituting) 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	P JAMISON, CHARLES 800 OLD ROSWELL LAKES PKWY., #320 ROSWELL, GA 30076 <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	V HINSDALE, JULIE H 26947 MORTON GROVE DR BONITA SPRINGS, FL 34135 <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	T SPENCER, KRISTI A 23116 MARSH LANDING BLVD. ESTERO, FL 33928 <input checked="" 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: <i>Julie H. Hinsdale, V.P.</i>		<i>04/28/06</i>		<i>(239) 825-7794</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JULIE H. HINSDALE, V.P.					