## 2006 EOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 27, 2006 8:00 am **Secretary of State** DOCUMENT # P02000035541 1. Entity Name 03-27-2006 90266 024 \*\*\*150.00 KELLEY SHORT, P.A. Principal Place of Business Mailing Address 7083 RADIO RD. NAPLES FL 34104 P.O. BOX 446 NAPLES FL 34106 2. Principal Place of Business 15574 Latitude I Suite. Apt. #, etc. 3. Mailing Address 5574 Latitude Drive 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 04-3640425 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHORT, KELLEY Street Address (P.D. Box Number is Not Acceptable) 7083 RADIO RD. NAPLES FL 34104 City 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 Registered Agent signature required when roinstativit) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PVPS TUTE ☐ Delete Change TITLE ☐ Addition SHORT, KELLEY NAME NAME 15574 Latitude Drive STREET ADORESS P.O. BOX 446 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34106 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NaMi NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILLE ☐ Change . Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect 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.

**FILED**