

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90062 011 ***158.75

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01192006 Chg-P CR2E034 (11/05)

4. FEI Number
59-0595330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAUTERIA, LOUIS H
605 E ROBINSON ST, STE 620
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code 32801-2046

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 reinstating)

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	D	<input type="checkbox"/> Delete
NAME	MAGUIRE, E. CORRY	
STREET ADDRESS	503 E. TOPAZ WAY	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGILL, GEORGE W JR	
STREET ADDRESS	29030 HARBOR WAY	
CITY-ST-ZIP	EUSTIS, FL 32736	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENDERSON, REBECCA M	
STREET ADDRESS	3554 WHITE OAK CT	
CITY-ST-ZIP	LAKE WALES, FL 338538554	
TITLE	P	<input type="checkbox"/> Delete
NAME	MCGILL, GEORGE W III	
STREET ADDRESS	14720 SHADOW WOOD STREET	
CITY-ST-ZIP	BRIGHTON, CO 80603	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, ELIZABETH T	
STREET ADDRESS	215 E MAXWELL ST	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCGILL, PAMELA S	
STREET ADDRESS	39030 HARBOR WAY	
CITY-ST-ZIP	EUSTIS, FL 32736	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1420 POINSETTIA AVENUE
CITY-ST-ZIP	ORLANDO, FL 32804-6342
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32736-8839
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	80603-8338
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	304 KENWITH ROAD
CITY-ST-ZIP	LAKELAND, FL 33803-2624
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	32736-8839

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/06