2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2006 8:00 am Secretary of State

DOCU 1. Entity Nan BOODEN	ne	# P02000084		06-06-2006 90013 021 ***150.00							
Principal Place of Business 1119 PARK LANE GULF BREEZE, FL 32563			Mailing Address 1119 PARK LANE GULF BREEZE, FL 32563			4 184 188 111			210:		
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04272006	04272006 Chg-P CR2E034 (11/05)					
City & State			City & State			4. FEI Number 47-0903615			<u> </u>	oplied For ot Applicable	
Zip	Country		Zip Coun		itry	5. Certificate	\$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
HICKEY, RAYMOND G 913 GULF BREEZE PKWY., #5 GULF BREEZE, FL 32561					Name Street Address (P.O. Box Number is Not Acceptable)						
					City			FL	Zip Cod		
8. The above the obligat	named entity ions of regist	y submits this statement fo ered agent.	r the purpose of changing it	ts register	ed office or regist	tered agent, or bo	th, in the State of Flo	rida. I am far	niliar with	and accept	
SIGNATURE											
	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TF.: Registere	d Agent signature requi	ired when reinstating)		DATE			
		FEE IS \$150.00 5 Fee will be \$550.0	9. Efection Camp Trust Fund Cor			5.00 May Be dded to Fees					
10.		OFFICERS AND	DIRECTORS	11.	·•*	ADDITIONS/	CHANGES TO OFFI	CERS AND D	IRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1119 PAR	S, DENISE A K LANE EEZE, FL 32563	☐ Delete					E	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1119 PAR	BURG, BOOTH K LANE EEZE, FL 32563	☐ Defete					С	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Defete		,			Ē	Change	◆	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	CITY	E E t address -St-Zip				Change	Addition	
of the cor	poration or th	e receiver or trustee emoc	this filing does not qualify for true and accurate and that owered to execute this repor with all other like employees	my signat Las requir							

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50001030 #P02000084171

To whom this may concern:

Please Please waive the \$550.00 fee and accept \$150.00.

I know that it has been almost two years since Hurrienne Iunn and almost a year since hurrieone Dennis but I am just now starting to got back to normal.

I was out of my home for le mos, and the bldng, that my business is in is still in need of Repair.

Life has been extremely overwhelming. Revenue has not been growing as expected and with the increasing cost of fuel, the extra \$400.00 added onto the \$150.00 would be a hardship.

I'm 54 years old and have been in business for almost 27 years. Because of the Hurricanes, the last two years have been very hard. Please consider my situation.

Sincerely, Jewillliams