

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90391 043 ***150.00

DOCUMENT # P02000132459

1. Entity Name
MONA OF CENTRAL FLORIDA INC.



Principal Place of Business
15021 TAMARIND LOOP
BROOKSVILLE, FL 34609

Mailing Address
15021 TAMARIND LOOP
BROOKSVILLE, FL 34609

2. Principal Place of Business
2046 Park Crescent Dr
Suite, Apt. #, etc.

3. Mailing Address
2046 Park Crescent Dr
Suite, Apt. #, etc.



04062006 Chg-P CR2E034 (11/05)

City & State
Land O' Lakes, FL
Zip 34639 Country USA

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Land O' Lakes, FL
Zip 34639 Country USA

4. FEI Number
05-0546600
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TYNION, DIANE C
15021 TAMARIND LOOP
BROOKSVILLE, FL 34609

7. Name and Address of New Registered Agent

Name
Tynion, Diane C
Street Address (P.O. Box Number is Not Acceptable)
2046 Park Crescent Dr
City Land O' Lakes FL Zip Code 34639

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 *Diane C. Tynion*

DATE *4-10-06*

Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when re-registering)

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
NAME TYNION, DIANE C
STREET ADDRESS 15021 TAMARIND LOOP
CITY-STATE-ZIP BROOKSVILLE, FL 34609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Tynion, Diane C
STREET ADDRESS 2046 Park Crescent Dr
CITY-STATE-ZIP Land O' Lakes, FL 34639 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ 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: *Diane C. Tynion*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4-10-06* 813-948-9283
Date Daytime Phone #