2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P03000022002 1. Entity Name REBECCA KAY KORVER, P.A. Mailing Address Principal Place of Business 10480 S.E. 101ST AVENUE RD BELLEVIEW FL 34420-3606 10480 S.E. 101ST AVENUE RD BELLEVIEW FL 34420-3508 2. Principal Place of Business 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3768670 Not Applier Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KORVER, REBECCA K 10480 S.E. 101ST AVENUE RD. Street Address (P.O. Box Number is Not Acceptable) BELLEVIEW FL 34420 Zip Code 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 according to the state of Florida. the obligations of registered agent. Signature, ryped or printed name of registered agent and title if applicable (NOTE Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 🤅 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Feas Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change T Addition HILE PSTD ☐ Delete TITLE NAME KORVER, REBECCA K NAMS STREET ADDRESS 10480 S.E. 101ST AVENUE RD STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP **BELLEVIEW FL 34420-3606** Addition 33T) S Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21F CITY-ST-ZIP ☐ Vu... Change mu ☐ Detate NAME MAME STREET ADDRESS STREET ADDRESS 05/18/06-80035-001 150.00 CITY-ST-ZIP CITY-ST-ZIP HILE Defete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-779 CITY-ST-789 ☐ Change A. THIF ☐ Delete 2416 NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-S1-ZIP HTLE ☐ Delete 3371 Change | ☐ MAAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$7-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 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

FILED

5/1/06

Daynois Phone #