2006 FOR PROFIT CÖRPÖRATION ANNUAL REPORT

FILED Jan 13, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State			
1. Entity Nan	MENT # P030000262 P. VERMEREN, P.A.	51		-	56	ecretary	oi State
P.O BOX99	ce of Business) KEY, FL 34228	Mailing Address P.O BOX99 LONGBOAT KEY, FL 34228	-		ENIES (1771 BRITY ESYII DI	NIKI KATUN ILAKA WILIN 118KI N	III SE IFTIONE (S FOR
C	OO NOT WRITE	IN THIS SPA	CE	01082006 4. FEI Numb 14-187	No Chg-P		Applied For Not Applicable Additional
<u>-</u>	S. Norman and Salahana of Community Community			3. Certificate	Oi Status Desired	Fee Re	quired
6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVENUE WEST BRADENTON, FL 34209					NOT W		-
	e named entity submits this statement for th tions of registered agent.			<u>-</u>	th, in the State of F		with, and accept
	Signature, typed or printed name of registered agent and the NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		OO May Be and to Fees	<u> </u>	DATE	
10.	OFFICERS AND DIF	ECTORS :]			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VERMEREN, JOSEPH P 7811 PORTUSUENS AVE BRADENTON, FL 34209						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/18/00 01/18/00	00385379 5-80014-009	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME		·					

12. Thereby certify that the information supplied with this filling does not qualify by 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to affect this report as required by Chapter 807, 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.

SIGNATURES

STREET ADDRESS CITY-ST-ZIP

IGNATURE AND THE SECRETARINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-705-200