## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPES OR

RINNED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 17, 2006 08:00 AM Secretary of State

1. Entity Name	MENT # P030000428				oury o		
Principal Place 224 N LAKES LAKE WORTH,	IDE DR	Mailing Address 224 N LAKESIDE BR LAKE WORTH, FL 33460					
	<del> </del>	· · · · · · · · · · · · · · · · · · ·					
D	O NOT WRITE	CE	51-0457308			Applied For Not Applicable	
	6. Name and Address of Current Re	gistered Agent	<del>, -</del>	5. Certificate	of Status Desired		75 Additional Required
224 N LAK	DOUGLAS J	DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the one of registered agent.		ered office or registe	·	ith, in the State of Flo	orida. I am Iamil	iar with, and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fire     Trust Fund Contribution		.00 May Se ded to Fees	01/19/06	0387668	14 150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOPKINS, DOUGLAS J 224 N LAKESIDE DR LAKE WORTH, FL 33460	RECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	,	i i i i i i i i i i i i i i i i i i i		٠,٠,٠			÷
TITLE NAME STREET ADDRESS CITY-ST-ZIP					. *-		
12. I hereby indicated of the color changed	certify that the information supplied with a conthis report or supplemental report is poration or the receiver or trustee empty, or on an attachment with an address, we	his filing does not qualify for the rue and accurate and that my signered to execute this report as recith all other like empowered.	exemptions containe nature shall have the puired by Chapter 60	ed in Chapter 11 e same legal effe 07, Florida Statu	19, Florida Statutes. ect as if made under tes; and that my nam	I further certify to eath; that I am a ne appears in Bl	hat the information an officer or director ack 10 or Block 11 if