## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 06, 2006 8:00 am Secretary of State **DOCUMENT # P03000045191** 1. Entity Name 04-06-2006 90017 018 \*\*\*150.00 JEANNETTE VAUGHT P.A. Principal Place of Business Mailing Address 2645 EXECUTIVE PARK DRIVE QUUIP T 1569 WINTERBERRY LANE WESTON, FL 33327 WESTON, FL 33331 Principal Place of Business 3. Mailing Address 645 EXECUTIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 04-3753931 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired www Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAUGHT, JEANNETTE Street Address (P.O. Box Number is Not Acceptable) 1569 WINTERBERRY LANE WESTON, FL 33331 Zip Code FI 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be RILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE □ Delete TITLE Change ■ Addition VAUGHT, JEANNETTE NAME NAME STREET ADDRESS 1569 WINTERBERRY LANE STREET ADDRESS CITY-ST-71P WESTON, FL 33327 CITY-ST-ZIP TITLE ☐ Delete TTTLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete tm s ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this liling 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

SIGNATURE:

FILED