

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **56-2359313** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOOD, LEO F
5517 N.W. 99TH TERRACE
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

I, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May E
Trust Fund Contribution. ☐ Added to Fees

OFFICERS AND DIRECTORS

P	HOOD, LEO F	<input type="checkbox"/> Delete
ADDRESS	5517 N.W. 99TH TERRACE	
CITY-STATE-ZIP	GAINESVILLE FL 32653	
VP	HOOD, BARBARA J	<input type="checkbox"/> Delete
ADDRESS	5517 N.W. 99TH TERRACE	
CITY-STATE-ZIP	GAINESVILLE FL 32653	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
	U00000397498
	01/30/06-80052-014 150.00
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information located 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LEO F. HOOD** **1/20/06 386-460-5997**