

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000114169

1. Entity Name
FAMILYDOT COMMUNICATIONS, INC.



Principal Place of Business

5400 NW 39TH AVE
306
GAINESVILLE, FL 32606

Mailing Address

5400 NW 39TH AVE
306
GAINESVILLE, FL 32606



05192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2395508

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COX, ED
18424 SW 15TH AVE
NEWBERRY, FL 32669

**DO NOT WRITE
IN THIS SPACE**

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WARD, SAMUEL D
STREET ADDRESS 5400 NW 39TH AVE 306
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE SD
NAME BROWN, MARCIA H
STREET ADDRESS 5400 NW 39TH AVE 306
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE TD
NAME COX, ED
STREET ADDRESS 18424 SW 15TH AVE
CITY-ST-ZIP NEWBERRY, FL 32669

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CITY-ST-ZIP

U00000566624
06/02/06-80005-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06 352-246-5718
Date Daytime Phone #