## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000140839

FILED May 23, 2006 Secrefary of State

6566 MT PLYMOUTH F APOPKA, FL 32712	25
AFOFNA, FL 32/12	OR
New Mailing Address	:
PO BOX 1081 APOPKA, FL 32704	OR
FEI Number Not Applicable()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent	
oose of changing its registered	office or registered agent, or both,
	PO BOX 1081 APOPKA, FL 32704  FEI Number Not Applicable ( )  Name and Address of

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition STEPHENS, TONY W STEPHENS, TONY W Name: Name: 6566 MT PLYMOUTH RD Address: 6566 MT PLYMOUTH RD Address: City-St-Zip: APOPKA, FL 32704 City-St-Zip: APOPKA, FL 32712 OR Title: () Delete Title: (X) Change ( ) Addition STEPHENS, JENNIFER STEPHENS, JENNIFER L Name: Name: Address: Address: 6566 MT PLYMOUTH RD 6566 MT PLYMOUTH RD APOPKA, FL 32704 APOPKA, FL 327412 OR City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete Name: Name: GARCIA, DUSTIN S Address: Address: 6566 MT PLYMOUTH ROAD City-St-Zip: City-St-Zip: APOPKA, FL 32712 OR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY W. STEPHENS Ρ 05/23/2006