

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

06 AUG 14 AM 10:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA



06292004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0484387 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULL, STEPHEN M
111 NORTH ORANGE AVENUE
SUITE 950
ORLANDO, FL 32801

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

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

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D President MALPASS, JEFFERY D 250 SW 36TH TERRACE GAINESVILLE, FL 32607 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PAVLIK, STEPHEN W 250 SW 36TH TERRACE GAINESVILLE, FL 32607 ☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BEVIS, GERALD C 250 SW 36TH TERRACE GAINESVILLE, FL 32607 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LEISEY, RYAN J 250 SW 36TH TERRACE GAINESVILLE, FL 32607 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMALLWOOD, WILLIAM E 250 SW 36TH TERRACE GAINESVILLE, FL 32607 ☒ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COPLEY, JAMES D 250 SW 36TH TERRACE GAINESVILLE, FL 32607 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D Secretary/Treasurer Walter R Carlton 250 S.W. 36th Terrace Gainesville, FL 32607 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	500078776605 08/16/06--01048--001 **558.75 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 to this address, with all other fees empowered.

SIGNATURE: Walter R Carlton

Secretary/Treasurer 8-11-06

Walter R Carlton