## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2006 8:00 am Secretary of State

DOCUI 1. Entity Name JB KRICK	e	# P040000	02034	4					04-21-2006	90104 0	)19 ***15(	0.00
Principal Place	of Busines	S	Ma	ailing Address					1056458			
3816 MONICA PKWY				3816 MONICA PKWY Sarasota, FL 34235				,		L <b>BB</b> (# <b>BB</b> (# <del>1</del>	IIII ODIU (1811 A) (1811 A) (1811 A) (1811 A)	<b>85</b> 1 11 1881
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01272006	Chg-P	CR2E	34 (11/05)		
City & State				City & State			4. FEI Number         Applied           72-1576742         Not App			plied For Applicable		
Zip	Zip Country			Zip Coun		ltry	5. Certificate of Status		of Status Desired	\$8.75 Additional Fee Required		
	6. Name	and Address of Curr	ent Regis	tered Agent				7. Name and	Address of New R	egistered.	Agent	
KRICK, JAMES 3816 MONICA PKWY SARASOTA, FL 34235						Name						
						Street Address (P.O. Box Number is Not Acceptable)						
						City			<del></del>	FL	Zip Code	)
R The above	named entit	v submits this stateme	nt for the r	ourpose of changing its	register	ed office or r	register	ed agent, or hot	in the State of Fig			and accept
the obligat		tered agent.	agent and pile	il applicable. {NOT	E. Registere	ed Agent signature	e required	when reinstating)		DATE		
FIL After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$5	50.00	9. Election Campa Trust Fund Cont			<b>\$5</b> . Add	,00 May Be ed to Fees				
10.		OFFICERS A	AND DIREC	CTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS ANI	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			☐ Deléte	TITL NAM STR	E					☐ Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Deléte							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete					_		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		j					Change	Addition

12. Thereby 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 cells; 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

C.I	CI	U A	TI	íD	F.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

~ 4-19-04

941-365-161

Change

□ Addition

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