2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 21, 2006 08:00 AM

					t	Secre	etary (of State
DOCU 1. Entity Nan HACKER		6 2					J .	
Principal Plac	te of Business A	lailing Address	<u>.</u>			1		
t '			,			1		
		2285-E KINGSLEY AVENUE ORANGE PARK. FL 32073	į					
OKNINGE FA	M, IL 32013	DIVANUE PARK, IE 32013	}					
ļ			1		\$ \\$ 6 1 \\$ 5 1	####		AT REEL BUILD WELFE IN HERE
					[
1					t curatium cu	HEAL EIRIS ESIN EERIN EI	ika kukk akiul 18	(AM 11mm) apple 26a5.0001 12 10m)
\					04112006	No Chg-P	CESEU	34 (11/05)
DO NOT WRITE IN THIS SPACE					04112000	140 Crig-i	01220	u+ (+ 1100)
				. {	4. FEI Numbe	ar		Applied For
				Ì	20-070	0816		Not Applicable
}				.	5. Certificate	of Status Desired		\$8.75 Additional
<u></u>					4. 001	1		Fee Required
 	6. Name and Address of Current Regi-	stered Agent				1		
DAVAR CVA	CVI DAMARIA							_
PAWLOWSKI, DAWN M 1067 W. SEAGATE DRIVE					DO	NOT W	/RITE	<u> </u>
DELTONA, FL 32725								
BELLOWAL 02/25					IN 7	THIS SI	'ACE	!
1		1						
}		į				·		
	named entity submits this statement for the lions of registered agent.	purpose of changing its registere	ed office or reg	gistere	ed agent, or bot	th, in the State of F	orida. i sm i	amiliar with, and accept
CONATION				;				
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. [NOTE: Flogistered	Agent signature n	equired	when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution			cing	\$5. Adde	00 May Be ad to Fees	05/03/06 05/03/06	 0523676 -80082-) -017 150.00
10.	OFFICERS AND DIRE	CTORS	I	.,			3030	<u> </u>
TOTLE	Р		Ī			*		
NAME	PAWLOWSKI, DAVID A					•		
STREET ADDRESS	3737 ST JOHNS BLUFF ROAD S #15	12	ŀ			:		
CITY-ST-ZIF	JACKSONVILLE, FL 32224		1			:		
TITLE	V		ì			•		
NAME	PAWLOWSKI, DAWN-MARIE	•	ł			*		
STREET ADDRESS	1067 W. SEAGATE DRIVE		[
CITY-ST-ZIP	DELTONA, FL 32725	•	1			:		
TITLE						,		
NAME			ŀ					
STREET ADDRESS			Į.		200	NOT 14	/m/-	_
City-St-Zip			}		DO	N TON	/KIIt	-
KITLE			1		3 L L W	F1 110 0	74 AF	•
NAME	_		f		IN	THIS SI	YAUL	•
STREET ADDRESS						ŧ		
CITY-ST- ZIP								
3015								

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 expeddress, with all otherwise empowered.

SIGNATURE:

SIGNATURE:

Determine the corporation of the product of the corporation of the corporation of the product of the corporation of t

NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone 4