2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000049548 1. Entity harms Secretary of State		CITITAL CI		17.17		,		Eab በሬ ጎ በበሬ በዐ.በበ	A 1\/
Principal Place of Business South April of the HMY 314 SILVER SPRINGS FL 34488 SILVER SPRI							Feb 06, 2006 08:00 AM Secretary of State		
SOLITION STATE SOLITION STATE SOLITION SOLI	D AND M	CLEMENT INC.				1		. ~	
SOLITION STATE SOLITION STATE SOLITION SOLI	Suincipal Plan	a of Diverses	Mailing	tolotraca					
SLIVER SPRINGS FL 34488 2. PRINCIPAL Place of Business Surio, Apt. 41, sto. Surio, Apt. 41, sto. Surio, Apt. 41, sto. Coy & State Coy & State Coy & State Coy & State Country Applied for Non-Applied Country Applied For No				i e			{		
Surfice, Apt. if, elst: Surfice, Apt. if, els				SPRINGS FL 344	188				
Suite, Apt. 4, etc. City & State City & State City & State Country Country Country Applied For Not Applied 6. Name and Address of Current Registered Agent CLEMENT, MARTHA J 10911 NE HVVY 314 SILVER SPRINGS FL 34488 CITY & Country FILE NOWIII FEE IS \$150.00 Agriculture and address of Current Registered Agent CLEMENT, MARTHA J 10911 NE HVVY 314 SILVER SPRINGS FL 34488 CITY & Country FILE NOWIII FEE IS \$150.00 Agriculture report from all reposted general tipe is analysis of changing its egistered office or registered agent, or both, in the State of Florida. Tan familiar with, and source that description is a country of the country o				}					
City & State City & State City & State City & State Country Country Country E. Certificate of Status Desired St. 75 Additional St. 75 A	2. Principal Place of Business		3. Madin	g Address					
Zip	Suite, Apt. #, etc.		Suite,), Apt. #, etc.				1st MOORE CR2E034 (10/0)	5)
8. Name and Address of Current Registered Agent CLEMENT, MARTHA J 10911 NE HWY 314 SILVER SPRINGS FL 34488 6. The above curred entity submits this statement for the purpose of changing its opisitived office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable) 6. The above curred entity submits this statement for the purpose of changing its opisitived office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent and proof familiar with, and acceptable in the obligations of registered agent and proof familiar with, and acceptable in the obligations of registered agent and proof familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the obligations of registered agent. Interest to the obligation of the purpose of characteristic plants and accepta	City & State		City &	& State				4. FEI Number 20-0805132	
CLEMENT, MARTHA J 10911 NE HWY 314 Site of Receiver is among entity submits this statement for the purpose of changing its egistured office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable belonger from or ingressed agent. 6. The above is among entity submits this statement for the purpose of changing its egistured office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Profice Position of registered agent, or both, in the State of Florida. I am familiar with, and acceptable to Profice Position of Posit	Ζιρ	Country	Zip		Coun	try		5. Certificate of Status Desired	Additional
CLEMENT, MARTHA J 10911 NE HWY 314 SILVER SPRINGS FL 34488 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. Tam familiar with, and acceptable to the obligations of registered agent, or both, in the State of Florida. Tam familiar with, and acceptable to the obligations of registered agent. SIGNATURE FILE NOWILL FEE IS \$150,00 After May 1, 2006 Fee Will Be \$550,00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 112. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TRUE OLIMENT, MARTHA J STREET ADDRESS CITY-ST-2P OLIMENT, DAVID STREET ADDRESS OUT-ST-2P Delete ITILE STD ONE CLEMENT, DAVID STREET ADDRESS OUT-ST-2P Delete ITIL MARK STREET ADDRESS OUT-ST-2P OPERA OFFICERS SPRINGS FL 34488 OUT-ST-2P ORDER ORDER OFFICERS OUT-ST-2P ORDER OUT-ST-2P ORDER OFFICERS OUT-ST-2P ORDER OUT-ST-2P OUT	-	6. Name and Address of Current	Registered	Agent					
10911 NE HWY 314 SILVER SPRINGS FL 34488 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Copuliar registered agent.	10911 NE HWY 314			;					
City FL Zip Code 8. The above numbed entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. SIGNATURE Copulse Section Comparing Copulse							dress (P.	O. Box Number is Not Acceptable)	
The above resmed entity submits this statement for the purpose of changing its legistered office or registered agent, or both, in the State of Florida. I am familiar with, and society the obligations of registered agent. SIGNATURE Dequire rigidal or point frame of engineed epox and so of solidations (harts flagistered effice or registered agent, or both, in the State of Florida. I am familiar with, and society in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and society in the state of Florida. I am familiar with, and society in the familiar with and society in the familiar	SIL	VER SPRINGS FL 34488							
8. The above transed entity submits this statement for the purpose of changing its legistared office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Communication of registered agent. Communication Communicatio	}					City		Fi Zip	Code
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Frorida Department of State Make Check Payable to Frorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TIME P CLEMENT, MARTHA J STREET ADDRESS 10911 NE HWY 314 CILY-ST-2P SILVER SPRINGS FL 34488 10911 NE HWY 314 CILY-ST-2P TITLE STD CLEMENT, DAVID STREET ADDRESS 10911 NE HWY 314 CILY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P			or the purpos	se of changing its le	egistere	ed office at n	registered		with, and acce
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Frorida Department of State Make Check Payable to Frorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TIME P CLEMENT, MARTHA J STREET ADDRESS 10911 NE HWY 314 CILY-ST-2P SILVER SPRINGS FL 34488 10911 NE HWY 314 CILY-ST-2P TITLE STD CLEMENT, DAVID STREET ADDRESS 10911 NE HWY 314 CILY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P	SIGNATURE			}					
### After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of \$145 10.		Exquature typed or printed hame of registered agent	and tale of applic	alifa (NOTE)	Registere	d Agent signature	е пекричекі мі	ben reinstating) DATE	
TO. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PART OFFICERS AND DIRECTORS IN 11 CLEMENT, MARTHA J CHANGE STREET ADDRESS 10911 NE HWY 314 CLIFY-SI-28P SILVER SPRINGS FL 34488 CITY-SI-28P CITY-SI-28P CITY-SI-28P CITY-SI-28P CITY-SI-28P CITY-SI-28P	After	May 1, 2006 Fee Will Be \$550.00							
TITLE		And Anna to the Contract State Contract	\$ 14. ·	s l	1 11.			ADDITIONS/CHANGES TO OFFICERS AND DIREC	TOBS IN 11
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C		· · · · · · · · · · · · · · · · · · ·	20,000		-	<u>. </u>			
CITY-SI-ZIP SILVER SPRINGS FL 34488 CITY-SI-ZIP Delete TIFLE STD Delete TIFLE STD Delete TIFLE SILVER SPRINGS FL 34488 CITY-SI-ZIP CITY-SI-ZIP SILVER SPRINGS FL 34488 CITY-SI-ZIP CITY-SI	NAME	· ·		}	NAM	E			
TITLE STD Delete TIFLE NAME CLEMENT, DAVID STREET ADDRESS CITY-ST-ZP TITLE CLEMENT, DAVID Delete TITLE CHARGE STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZP TITLE CHARGE STREET ADDRESS CITY-ST-ZP TITLE CHARGE STREET ADDRESS CITY-ST-ZP TITLE CHARGE STREET ADDRESS CITY-ST-ZP TITLE CHARGE STREET ADDRESS CITY-ST-ZP TITLE CHARGE STREET ADDRESS CITY-ST-ZP STREET ADDRE	}	}		{				U000004227 6 9	
MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS COTY-ST-ZIP TITLE MAME MAME STREET ADDRESS COTY-ST-ZIP TITLE MAME STREET ADDRESS COTY-ST-ZIP		 		7724	╂—				
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD	([Delete		7		Cire	unde (Tilvairie)
TITLE Delete DILE Change Addition NAME STREET ADDRESS CITY-ST-ZEP TITLE Delete Delete Dille NAME STREET ADDRESS CITY-ST-ZEP TITLE CHANGE NAME STREET ADDRESS CITY-ST-ZEP TITLE CHANGE STREET ADDRESS	STREET ADDRESS	(STRE	ET ACORESS			
NAME STREET ADDRESS CITY - ST - ZEP TITLE Delote TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE Delote TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE Delote TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZEP TITLE NAME STREET ADDRESS		SILVER SPRINGS FL 34488			CHTY	^\$? - ZiP			
STREET ADDRESS CITY-ST-ZP TRILE NAME NAME STREET ADDRESS CITY-ST-ZP TRILE NAME NAME STREET ADDRESS CITY-ST-ZP TRILE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZP TRILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TRILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP TRILE NAME STREET ADDRESS	•			Delete	1			Cut	ange 🔲 Addit
CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	ł	{	,	- 1		i			
NAME STREET ADDRESS CITY-ST-ZP INLE INAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP INLE INAME STREET ADDRESS	1			<u> </u>	CITY	-S1-2IP			
STREET ADDRESS CITY-ST-ZP	MLE			☐ Defete	THE			□ cha	inge 🔲 👫
CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP Date: CITY-ST-ZP Date: STREET ADDRESS CITY-ST-ZP Date: STREET ADDRESS CITY-ST-ZP THLE NAME NAME STREET ADDRESS STREET ADDRESS	(•	1			
HIVE NAME NAME STREET ADDRESS CITY-ST-ZIP THE Delete HILE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	1			}		1			
NAME STREET ADDRESS CITY-ST-ZIP Delete Delete STREET ADDRESS CITY-ST-ZIP TYLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS				Dalate				□ Chi	noce T Addit
CITY-ST-ZIP CITY-ST-ZIP Delete SILL NAME NAME STRELI ADDRESS CITY-ST-ZIP Change CACC STRELI ADDRESS	}			Delete		,			g
DTLE Delete BILE Change Change NAME NAME STRELI ADDRESS STRELI ADDRESS		}		}		L L			
NAME STREL! AUDHESS STREL! AUDHESS		 		<u> </u>	-				· ·· - <u></u>
STREET ADDRESS STREET ADDRESS				☐ Delete		}		☐ Cha	ange 🔲 👫
	1					}			
	1				•	3	_		

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each, 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: Martha Q Clament

2-2-06 352-625-3929