

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 AUG 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08262006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2166532
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOLL, RACHEL
6318 3RD AVE. S.
ST. PETERSBURG, FL 33707

Name John P. Duffy
Street Address (P.O. Box Number is Not Acceptable)
6318 - 3rd Ave. So
City St. Petersburg FL Zip Code 33707

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 John P. Duffy DATE 8/25/06
(Signature, typed or printed name of registered agent, and fee applicable. (NOTE: Registered Agent signature required when reinstating))

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME DOLL, RACHEL
STREET ADDRESS 6318 3RD AVE. S.
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME 700079336107
STREET ADDRESS 08/31/06--01040--023
CITY-ST-ZIP **70.00

TITLE D ☐ Delete
NAME DUFFY, JOHN
STREET ADDRESS 6318 3RD AVE. S.
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: John P. Duffy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/25/06 727-804-4600
Date Daytime Phone #

20 8/30