## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 27, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
1. Entity Name	MENT # P0400011036			Scerci	ary or State	
				}		
Principal Plac	e of Business M	ailing Address	<u> </u>	†		
10210 SAN		0210 SAN JOSE BLVD ACKSONVILLE, FL 32257		}		
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!				01162006	No Chg-P	CDDC024 (44 (05)
DO NOT WRITE IN THIS SPA			CE			CR2E034 (11/05)
				4. FEI Numb 20-141		Applied For Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Regulred
	8. Name and Address of Current Regis	tered Agent	-	·	<del></del>	······
	M, SCOTT B			חח	NOT W	RITE
1241 S MCDUFF AVE JACKSONVILLE, FL 32205			DO NOT WRITE IN THIS SPACE			
				117	1 1113 3P	ACE
fl. The above	named entity submits this statement for the p	tarions of princer's to econyus	ed office or register	red accort or bo	ih in the State of Flor	ido tam tomiliar with and annon
the obligat	ions of registered agent.	surpose of originging to register	ed onles or register	ed agent, or oc	ini, ili ilia diala di Fidi	ing: ( bitt ibutingt attif blan Bebb
SIGNATURE	Signature, lyped or printed name of registered agent and life	if applicable. (NOTE: Registere	ed Agent signature requires	d when reinstating)		DATE
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be led to Fees	UNDANO 03/09/06-	448481 -80016-009 150.00
10,						-000122202 120110
	OFFICERS AND DIREC	CTORS	1		1 03/03/00	-00012.002 120.00
TITLE	P	OTORS			1 037 037 00	-00012-003-120-10
name Street address	P COUCH, RONALD C 4711 BRIERWOOD RD	CTORS			03/03/00	ວດດໄອ້ມິດວິ ໄວກີນີ້
name Street address City-St-Zip	P COUCH, RONALD C 4711 BRIERWOOD RD JACKSONVILLE, FL 32257	CTORS			100700700	-00016*003 130.00
name Street address	P COUCH, RONALD C 4711 BRIERWOOD RD	CTORS			0.57 0.37 0.0	ວດດໄລ້ມີດີວິ ເວິດເນີ
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P COUCH, RONALD C 4711 BRIERWOOD RD JACKSONVILLE, FL 32257 SEC COUCH, SEBRINA D 4711 BRIERWOOD RD	CTORS			0.04 0.04 0.0	-90019-003 130 <b>-0</b> 0
NAME STREET ADDRESS CNY-ST-ZIP TITLE NAME STREET ADDRESS CNY-ST-ZIP	P COUCH, RONALD C 4711 BRIERWOOD RD JACKSONVILLE, FL 32257 SEC COUCH, SEBRINA D	CTORS			0.04 0.04 0.0	-00016~000 130.W
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12. Thereby certify that the information supplied with this filling 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 each; that I am an officer or director of the corporation pre-the feceiver or tracked 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 X

STREET ADDRESS EITY-ST-ZIP

SOUTH A COUCH

904-292-3232