

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL  
AND  
FILED

06 DEC -1 AM 10:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/14/06 90144 017 \$150.00



10302006 REIN-P CR2E098 (11/05)

4. FEI Number **55-0897383** 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

WEBB, CHARLES H ESQ  
501 MANATEE AVE SUITE D  
HOLMES BEACH, FL 34217

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *Nov 29, 2006*

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

## 10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHULTZ, MARIETTA  
CITY-ST-ZIP 302 TARPON STREET  
ANNA MARIA, FL 34216

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SCHULTZ, EDWARD K  
CITY-ST-ZIP 302 TARPON STREET  
ANNA MARIA, FL 34216

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **000082204510**  
CITY-ST-ZIP **12/01/06--01023--024 \*\*\$600.00**

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

TITLE ☐ Change ☐ Addition  
NAME **REINSTATEMENT**  
STREET ADDRESS **06**  
CITY-ST-ZIP **PSC**

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

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

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: *Marietta Schultz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Marietta Schultz/President*

11-27-06 941-779-1934  
Date Daytime Phone #