

2006 FOR PROFIT CORPORATION ANNUAL REPORT

#550.00

FILED

06 AUG 21 AM 7:34

STATE OF FLORIDA



07112006 Chg-P CR2E034 (11/05)

4. FEI Number 83-0409137 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

BRUEGGEMAN, LEA ESQ
270 WAYMONT CT - STE 110
LAKE MARY, FL 32746

Name **MARK CARSON**
Street Address (P.O. Box Number is Not Acceptable)
24525 CR-44A
City **EUSTIS** FL Zip Code **32736**

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 MARK D CARSON - President DATE 5-1-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CARSON, MARK	
STREET ADDRESS	P O BOX 520	
CITY-ST-ZIP	SARASOTA, FL 32776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARSON, ASHLEY	
STREET ADDRESS	2511 WAYCROSS AVE	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, MARK	
STREET ADDRESS	P.O. BOX 520	
CITY-ST-ZIP	SORRENTO FL, 32776	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, ASHLEY	
STREET ADDRESS	24525 CR-44A	
CITY-ST-ZIP	EUSTIS FL, 32736	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: MARK D CARSON - President DATE 5-1-06 407 884-5508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #