

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151309 1. Entity Name 2349R, INC.	
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Principal Place of Business 7 EAST SILVER SPRINGS RD., STE. 208 OCALA, FL 34470	Mailing Address 7 EAST SILVER SPRINGS RD., STE. 208 OCALA, FL 34470
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02232006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1933322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BATSEL, ROBERT W
 2337 E. SILVER SPRINGS BLVD.
 OCALA, FL 34470

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

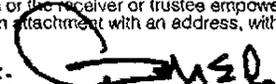
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD MCCOY, G. RANDALL 7 EAST SILVER SPRINGS RD., STE. 208 OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

000000469014
 03/25/06-80012-005 150.00

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  3-14-06 352-732-3550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #