## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCU 1. Sntity Nam KABINET					SECRETARY 06 APR 25	Y DE STAT						
1					100.12	12.5		THE TO	wirtt - I	1		
Principal Place of Business Mailing Address												
1428 CAPIT/	u w											
1428 CAPITAL CIRCLE N.W. 1428 CAPITAL CIRCLE N.W. TALLAHAASSEE, FL 32303 TALLAHAASSEE, FL 3230												
,							4.0000					
2. Principal P	3. Mailing Address	ling Address										
Suite, Apt.	# oto		Suite Ant # etc	Cuito Apt # oto								
Juite, Apt.	w, 616.		Suite, Apt. #, etc.			04192006	Chg-P	CR2E0	34 (11/05)			
City & State			City & State				4. FEI Numb		<del></del>	Ar	oplied For	
							04-380				ot Applicable	
Zip Country			Zip	try	5. Certificate of Status Desired				\$8.75 Additional			
6. Name and Address of Current F									Fee Required			
		7. Name and Address of New Registered Agent										
<b>,</b>						me Fisher, Fred M						
FISHER, FRED M 1428 CAPITAL CIRCLE N.W.					Street Address (P.O. Box Number is Not Acceptable)							
TALLAHAASSEE, FL 32303					75 Clearwater Street							
,					(	Duine	cy, FL 3	2351				
						City FL Zip Code						
9 The above	named aptitu	cubmits this statement for	the purpose of changing its	******				th in the Chate of F				
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 Fiorida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required									DATE			
· · · · · · · · · · · · · · · · · · ·							**************************************					
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
		Fee will be \$550.0	Trust Fund Contr	ibution.			ed to Fees					
10.		OFFICERS AND	DIRECTORS	11.	<del></del>		ADDITIONS	CHANGES TO OF	EICEDS AND	DIDECTOR	C IN 11	
TITLE	Р	OT TOUR AND	☐ Delete	TITLE		<b>P</b>	ADDITIONS	CHANGES TO OF	FICENS AND	Change	Addition	
NAME	FISHER, FRED M					•	sher, Fr	ed M		L'1 cumiña	L.) Addition	
STREET ADDRESS	1					75	Clearwa	ter Street	¢			
CITY-ST-ZIP	-ST-ZIP TALLAHAASSEE, FL 32303				-ST-ZIP	Qui	incy, FL	32351				
TITLE	V ☐ Delete					V				X Change	☐ Addition	
NAME	WEBB, RIC			NAM	:		ob, Rich					
STREET ADDRESS	1	TAL CIRCLE N.W.			ET ADDRESS			Bay Drive				
CITY-ST-ZIP	TALLAHAASSEE, FL 32303				-ST-ZIP		<u>llahasse</u>	e, FL 323	12			
TITLE	V Delete TII					$S_{\rm Fi}$	sher, Di	ane A			Addition	
NAME STREET ADDRESS	FISHER, DIANE A   SS   1428 CAPITAL CIRCLE N.W.				ET ADDRESS	75 Clearwater Street			t			
City-ST-ZIP					-ST-ZiP	-	incy, FL					
TITLE	Т		☐ Delete	TITLE		<del>-                                    </del>				Change     Ch	Addition	
NAME	WEBB, SU	ISAN Y	L Delote	NAMI	ì		ob, Susa			C orange		
STREET ADDRESS	1428 CAPI	TAL CIRCLE N.W.		STRE	ET ADDRESS			Bay Drive				
CITY-ST-ZIP	TALLAHAA	ASSEE, FL 32303		CITY	-ST-ZIP	та.	llahasse	e, FL 323	12			
TITLE			Delete	TITLE						Change	Addition	
NAME	İ			NAMI								
STREET ADDRESS					ET ADDRESS		20	JOO73.	4217	'12		
CITY-ST-ZIP				CITY-	-ST-ZIP		05/01	00073 <u>-</u> 01019	<del>]</del> 008_	**150 <u>.</u>	Ōΰ	
TITLE	]		☐ Delete	TITLE	1					☐ Change	Addition	
NAME STREET ADDRESS				NAME	ET ADDRESS							
CITY-ST-ZIP	]				ST-ZIP						į	
	L certify that the	information supplied with	this filing does not qualify for			ntained	in Chanter 110	) Florida Statutes	1 further cert	ify that the i	nformation	
12. I hereby certify that the information supplied withithis 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 of the receiver or trustee employeded 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 attack pent with ab address, with all other like empowered.												
Xnd lad la												
SIGNAT	URE: 4	SIGNATURE AND TYPED OR	RINTED NAME OF SIGNING OFFICER (	OR DIRECT	OR			4/24/06	<u>850</u>	) / 576 – 1 laylime Phone #	500	
	T <sub>1</sub>		or					-40	U	my control of the parties of		