2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000014613

SIGNATURE:

D & S BOOKKEEPING AND MORTGAGE SERVICING, INC



FILED Apr 07, 2006 8:00 am Secretary of State 04-07-2006 90040 008 ***150.00

4-4-06 352-378-9422

Daytime Phone #

PRICE BLANCE PLANT AND PRICE IS \$150.00. B. The above ranged entry, submit has becomen for the purpose of changing its registered agent. The above ranged entry submit has become for the company of the purpose of changing its registered agent. The above rangement agent agent of the purpose of changing its registered agent. The above ranged entry submit has become for the company. The purpose of changing its registered agent. The above ranged entry submit has become for the control price of changing its registered agent. The above ranged entry submit has become for the control price of changing its registered affects of the changing its registered agent. The above ranged entry submit has become for the purpose of changing its registered of office or registered agent. The above ranged entry submit has become for the changing its registered affects of the changing its registered agent. The above ranged entry submit has become for the changing its registered agent. The purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered of office or registered agent. The bulk of the purpose of changing its registered agent. The bulk of the purpose of changing its registered agent. The bulk of the purpose of changing its registered agent. The bulk of the purpose of changing its registered agent. The bulk of th		•		<u> </u>		
CANESVILLE FL 32635-776 2. Principal Place of Business 3. Mis ling Address 4. TC Number 4. TC Number 4. TC Number 4. TC Number 5. Care State 4. TC Number 6. Same Digate 5. S. Careficate of States Digate 5. S. Careficate of States Digate 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above and address of New Registered Agent 8. Enter Address of New Registered Agent 8. The Address of	Principal Place of Business Mailing Address					
Suits: April 16 16 16 16 16 16 16 16 16 16 16 16 16				35776		
Suite, Apt. 1, etc. Suite Apt. 4, etc.						
City & State Country Sold Responded For Mile Applicable Sense Address of Current Registered Agent To Name and Address of New Registered Agent Name MOCK, SANDRA J 6307 NW 191ST TERRACE GAINESVILLE FL 32615 Since Address (P C. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submite line storament for the outcome of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable in the Country of Country in the Country in the Country in the Country of Country in the Cou	2701 NW 23 BIND					
Security	ADT R145				,	
So Name and Address of Current Registered Agent Name Name No. Name	City & Stat	esville Fl	City & State			
S. Name and Address of Current Registered Agent Name	Zip - 30 //	''''	Zip	Country	5 Certificate of Status Desired Status Desired Status Desired	
MOCK, SANDRA J 8307 NW 191ST TERRACE GAINESVILLE FL 32615 City FL Zo Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the designations of registered agent. SIGNATURE SIGNATURE SIGNATURE After May 1, 2006 Fee Will IRE \$550.00 After May 1, 2006 Fee Will IRE \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INE P	200		Registered Agent		7. Name and Address of New Registered Agent	
Since Above named entity submite this statement for the purpose of changing its registered agent, or both, in the State of Roids. I am familiar with, and accept the obligations of registered agent. Signature Reports in printed area of adjusted agent and are it anoticals. CRITE Registered Agent segments when recreated agent, or both, in the State of Roids. I am familiar with, and accept the obligations of registered agent. CRITE Registered Agent segments when recreated agent, or both, in the State of Roids. I am familiar with, and accept the obligations of registered agent. CRITE Registered Agent segments when recreated when recreated when recreated agent, or both, in the State of Roids. I am familiar with, and accept the obligations of registered agent. CRITE Registered Agent segments recreated when recreated agent, or both, in the State of Roids. I am familiar with, and accept the control of State						
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	6307 NW 191ST TERRACE			Street Addres	is (P.O. Box Number is Not Acceptable)	
8. The above named entity submits mis statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam hamiliar with, and accept the obligations of registered agent. SIGNATURE				City	FL Zip Code	
FILE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE 10. OFFICERS AND DIRECTORS IN	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					
After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ITLE	SIGNATURE Sanda O. Mack BARRA J. MOCK 3-4-06					
TITLE MAKE MAKE MOCK, SANDRA J MAKE G307 NW 191ST TERRACE ALACHUA FL 32615 CITY-ST-2IP WITT, DONNA L STREET ADDRESS CITY-ST-2IP WITT, DONNA L STREET ADDRESS CITY-ST-2IP TILE MAKE STREET ADDRESS CI	After May 1, 2006 Fee Will Be \$550.00 Added to Sees					
MOCK, SANDRA J 6307 NW 191ST TERRACE CITY-ST-2IP 6307 NW 191ST TERRACE ALACHUA FL 32615 CITY-ST-2IP MAME WITT, DONNA L 2701 NW 23RD BLVD. GAINESVILLE FL 32605 CITY-ST-2IP TILE MAME STREET ADDRESS CITY-ST-2IP TILE MAME	10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
STREET ADDRESS CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP TITLE VITT, DONNA L STREET ADDRESS CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TI	TITLE	Р	☐ Delete	TITLE	☐ Change ☐ Addilion	
CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-ZIP WITT, DONNA L WITT, DONNA L Z701 NW 23RD BLVD. GAINESVILLE FL 32605 CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE		· '		1		
ITILE NAME WITT, DONNA L STREET ADDRESS CITY-ST-2IP GAINESVILLE FL 32605 TILE NAME STREET ADDRESS CITY-ST-2IP TILE NAME STREET ADDRESS CITY-ST-2						
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI			☐ Detete		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE INAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS		[-	E borcie			
THLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME S	STREET ADDRESS	2701 NW 23RD BLVD.		STREET ADDRESS		
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP CITY-		-				
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADD	-			······	□ Chappa □ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete NITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-			□ Delete		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE 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 Section 1.19, 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						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 1.19, 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	CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP TITLE TITLE TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP To Delete STREET A	TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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	NAME			NAME		
INTLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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	i					
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 Section 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	CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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			☐ Delete		☐ Change ☐ Addition	
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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						
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		certify that the information supplied wi	th this filing does not qualify:		ined in Section 119. Florida Statutes, Lituther certify that the information	
ii onanaoo, or on an anaoningii wini an addicos, wini an onici inc omponerod.						