## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017845

## **FILED** Aug 29, 2006 8:00 am Secretary of State 08-29-2006 90004 007 \*\*\*550.00

AND FUF	ne RTHERMORE, INC.							
	ce of Business	Mailing Address 24 N MARKET STREET	#405				500	26694
JACKSONVIL	LE, FL 32202	JACKSONVILLE, FL 32	202	 				
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	.#, etc.	Suite, Apt. #, etc.		07062006	Chg-P	CR2E034	· · · ·	
City & Stat		City & State	···	4. FEI Numbe	r 		No	oplied For of Applicable
Zip		Country Zip Col			of Status Desired	L É	8.75 Add ee Require	
	6. Name and Address of Currer	nt Registered Agent	- Name	7. Name and	Address of New R	Registered Ag	jent	
	AC L KET STREET #405 WILLE, FL 32202			ess (P.O, Box Numbe	r is Not Acceptable	e)		
			City			FL	Zip Code	e
	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registered office or regi	istered agent, or both	n, in the State of Flo		miliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent signature rec	quired when reinstating)		DATE		
FI	Signature, typed or printed name of registered age LE NOW!!! FEE IS \$550.00 tue by September 6, 2006	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		DATE		
FI	Signature, typed or printed name of registered age LE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campa	aign Financing	\$5.00 May Be Added to Fees	CHANGES TO OFF		DIRECTORS	S IN 11
10. TITLE NAME STREET ADDRESS	LE NOW!!! FEE IS \$550.00 Due by September 6, 2006  OFFICERS AN D LYNN, DORREE 24 N MARKET STREET #405	9. Election Campa Trust Fund Con	aign Financing Itribution	\$5.00 May Be Added to Fees	CHANGES TO OFF	FICERS AND I	DIRECTOR:	S IN 11
10. TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age  LE NOW!!! FEE IS \$550.00  OFFICERS AN  D LYNN, DORREE 24 N MARKET STREET #405 JACKSONVILLE, FL 32202  D LEVY, ISAAC L 24 N MARKET STREET #405	9. Election Campa Trust Fund Con	aign Financing Intribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	FICERS AND D		
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS TITLE NAME NAME STREET ADDRESS	Signature, typed or printed name of registered age  LE NOW!!! FEE IS \$550.00  OFFICERS AN  D LYNN, DORREE 24 N MARKET STREET #405 JACKSONVILLE, FL 32202  D LEVY, ISAAC L 24 N MARKET STREET #405 JACKSONVILLE, FL 32202	9. Election Campa Trust Fund Con D DIRECTORS	aign Financing Intribution.   11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	FICERS AND I	☐ Change	Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age  LE NOW!!! FEE IS \$550.00  DEED SEPTEMBER 6, 2006  OFFICERS AN  D LYNN, DORREE 24 N MARKET STREET #405 JACKSONVILLE, FL 32202  D LEVY, ISAAC L 24 N MARKET STREET #405 JACKSONVILLE, FL 32202	9. Election Campa Trust Fund Con	aign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	CHANGES TO OFF	FICERS AND E	☐ Change	Addition
TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	Signature, typed or printed name of registered age  LE NOW!!! FEE IS \$550.00  DEED SEPTEMBER 6, 2006  OFFICERS AN  D LYNN, DORREE 24 N MARKET STREET #405 JACKSONVILLE, FL 32202  D LEVY, ISAAC L 24 N MARKET STREET #405 JACKSONVILLE, FL 32202	9. Election Campa Trust Fund Con  D DIRECTORS  Delete  Delete	aign Financing Intribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	\$5.00 May Be Added to Fees	CHANGES TO OFF	FICERS AND I	☐ Change ☐ Change ☐ Change	Addition Addition Addition

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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000017845  1. Entity Name AND FURTHERMORE, INC.							ATTAC	LIAAFA	150			
Principal Place of Business 24 N MARKET STREET #405 JACKSONVILLE, FL 32202				Mailing Address 24 N MARKET STREET #405 JACKSONVILLE, FL 32202				ATTAC 500	)9 ( UME	06°	3 Y	
2. Principal Place of Business			3	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				07062006	Chg-P	CR2E	34 (11/05)	)
City & State				City & State				4. FEI Numb	er		<b>—</b>	pplied For lot Applicable
Zip	<del></del>	Country		Zip	Cour	itry		5. Certificate	of Status Desired		\$8.75 Ac Fee Requir	
	6. Nam	e and Address of C	urrent Reg	stered Agent		Name		7. Name and	Address of New	Registered	Agent	
LEVY, ISAAC L 24 N MARKET STREET #405 JACKSONVILLE, FL 32202					Street Address (P.O. Box Number is Not Acceptable)							
	- ,					City					Zip Coo	de :
8. The above	named enti	ity submits this stater	ment for the	purpose of changing its	register		gistere	ed agent, or bo	th, in the State of F	FL Florida, I am	•   '	
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)  OATE											
FILE NOW!!! FEE IS \$550.00  Due by September 6, 2006  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.												
10.	D	OFFICER	S AND DIR		11.			ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR Change	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	LYNN, D 24 N MA	ORREE RKET STREET #4 NVILLE, FL 3220		☐ Delete		i					[_] Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SAAC L RKET STREET #4		☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Delete	nam - Stri	E				~ _	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STR	E	-				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	AE EET ADDRESS 7-ST-ZIP					☐ Change	
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.												
SIGNAT	TURE:	SIGNATURE AND TY	PED OR PRINT	FED NAME OF SIGNING OFFICER	OR DIREC	y	<u> </u>		52. 33	38.6	Daytime Phone 6	2
L			Pr	enden	*			, Jima				