2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000018624

1. Entity Name



FILED

Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90020 022 ***150.00

RICHARD FRANCIS DEMING, P.A. 40042333 Principal Place of Business Mailing Address 8379 SE 174TH CLIFTON PLACE 8379 SE 174TH CLIFTON PLACE THE VILLAGES, FL 32162 THE VILLAGES, FL 32162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable 14-1922361 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMING, RICHARD F Street Address (P.O. Box Number is Not Acceptable) 8379 SE 174TH CLIFTON PLACE THE VILLAGES, FL 32162 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. - Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PRESIDENT ☐ Change X Addition RICHARD F DEMING 8379 SE 174TH CLIFTON PLACE NAME NAME STREET ADDRESS STREET ADDRESS THE VILLAGES, FL 32162 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 visce-pempowered 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 time like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: V

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Delete

-1-0G

Daytime Phone 4

Change

Addition