

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

06 FEB 24 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02212006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2326220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRINGER, DALE D
405 LAGUNA AVENUE
KEY LARGO, FL 33037

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	STRINGER, DALE D	
STREET ADDRESS	405 LAGUNA AVENUE	
CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURCH, JEFFREY	
STREET ADDRESS	3483 MELISSA COURT	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE	S/T	<input checked="" type="checkbox"/> Delete
NAME	BURCH, LEE ANN	
STREET ADDRESS	3483 MELISSA COURT	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, Jeffrey	
STREET ADDRESS	3483 Melissa Court	
CITY-ST-ZIP	Port Charlotte, FL 33980	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DALE D. STRINGER, Director

2/21/06 305-451-5869

Date Daytime Phone #