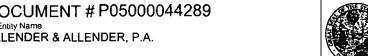
2006 FOR PROFIT CORPORATION

ANNUAL REPORT





Daytime Phone #

DOCUMENT # P05000044289 1. Entity Name ALLENDER & ALLENDER, P.A.							03-08-2006	5 901 62 02	28 ***15	50.00
Principal Place			Mailing Address	Mailing Address 118 COUNTRY CLUB DRIVE						
TITUSVILLE, FL 32780 TITUSVILLE, FL 32780										
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01262006	Chg-P	CR2E034	(11/05)	
City & State			City & State			4. FEI Number	2591314		<u> </u>	plied For Applicable
Zip				Coun	try	5. Certificate	of Status Desired		8.75 Addi e Required	
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name							
ALLENDER	ITRY ÇLU	IB DRIVE		Street Addres		(P.O. Box Number is Not Acceptable)				
TITUSVILL	.E, FL 32	780								
					City	p=444		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								DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.		OFFICERS AND		ADDITIONS	CHANGES TO OFF	ICERS AND C	IRECTORS	S IN 11		
TITLE NAME	D	ER, JERRY W	□ 0e	E IE			[Change	Addition	
STREET ADDRESS	DORESS PO BOX 2566				EET ADDRESS					
CITY-ST-ZIP						··- <u>-</u>			7.05	T taking
TITLE NAME	D ALLENDE	ER, STEVEN C	☐ De	elete TITLI NAM	F			Ĺ	Change	Addition
STREET ADDRESS CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				EET ADDRESS ST- ZIP					
TITLE	TITUSVILLE, FL 327812566 CIT								Change	Addition
NAME				NAM	NE .					
STREET ADORESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			□ De	elete TITL	E				Change	Addition
NAME STREET ADORESS				NAM CTRS	IE EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE					I			1	Change	☐ Addition
NAME STREET ADDRESS	İ			NAM STRI	EET ADDRESS					
CITY-ST-ZIP		<u> </u>			r-ST-ZIP					
TITLE NAME			□ D(elete TITL NAM	1			[Change	Addition
STREET ADDRESS CITY-ST-ZIP				STR	EET ADDRESS r-ST-ZIP					
	certify that th	ne information supplied wit	this filing does not			ned in Chapter 11	9, Florida Statutes. I	further certify	that the in	nformation
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 seport 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 expowered 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.										
		-2V/\\ \	火 ノ							