

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90182 035 \*\*\*150.00

60037066



02132006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2709930** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

STARCEVICH, RODNEY D  
4902 S. ORANGE AVENUE  
ORLANDO, FL 32806

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DYE, LUISA K	
STREET ADDRESS	244 RIVER OAKS LANDING COURT	
CITY-ST-ZIP	DEBARY, FL 32713	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RECKER, JOSEPH M	
STREET ADDRESS	5534 LAKE MARY JESS SHORES CT	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STARCEVICH, LOGAN M	
STREET ADDRESS	10441 BRIDLEWOOD AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STARCEVICH, RODNEY D	
STREET ADDRESS	4902 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32806	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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

*Luisa K. Dye* **LUISA K. DYE**

4/28/06

407-855-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #