2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2006 8:00 am Secretary of State DOCUMENT # P05000070573 02-17-2006 90066 040 ***150.00 HORAK & LUGAR PROPERTIES, INC. Principal Place of Business Mailing Address GOOLTOOD 224 GETTYSBURG LANE 224 GETTYSBURG LANE DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For <u> 20-2840204</u> Not Applicable Zip 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 HORAK; GEORGE-Street Address (P.O. Box Number is Not Acceptable) 224 GETTYSBURG LANE DAYTONA BEACH, FL 32119 Zip Code FI 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 prigred name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign:Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. > OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition HORAK, GEORGE NAME NAME 224 GETTYSBURG LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LUGAR, HOWARD NAME STREET ADDRESS 205 DELOACH STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME HORAK, MARTINA NAME STREET ADDRESS 224 GETTYSBURG LANE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 CITY-ST-ZIP TITLE TITLE _ . Change ___ Addition Deiete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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 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 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.

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SIGNATURE: §

SIGNATURE AND TYPED OR PRINTED NAME

1-23-0 Cp

Daytime Phone #

FILED