


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90079 038 ***150.00

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| DOCUMENT # P05000121646 | |  |
| 1. Entity Name GARDEN OAKS OF TALLAHASSEE, INC. | | |

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| Principal Place of Business 2417 MILLCREEK COURT TALLAHASSEE, FL 32308 | Mailing Address 2417 MILLCREEK COURT TALLAHASSEE, FL 32308 |
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|--|--|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. <i>Suite #2</i> | Suite, Apt. #, etc. <i>Suite #2</i> |
| City & State | City & State |
| Zip | Country |



01052006 Chg-P CR2E034 (11/05)

| | |
|---|---|
| 4. FEI Number <i>20-3863973</i> | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| SHAW, FRANK S III 3520 THOMASVILLE ROAD TALLAHASSEE, FL 32309 | |

| | |
|--|----------|
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ASKARI, MIKE 2417 MILLCREEK COURT TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Mike Askari* 1/6/06 890-894-9696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #