

**2006 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 15 PM 12:16

DOCUMENT # P05000126447

1. Entity Name  
THE ORIGINAL SQUARE GROUPER, INC.



Principal Place of Business  
22518 LAFITTE DR.  
CUDJOE KEY, FL 33042

Mailing Address  
926 TRUMAN AVE.  
KEY WEST, FL 33040

2. Principal Place of Business  
22658 OVERSEAS HWY  
Suite, Apt. #, etc.

3. Mailing Address  
22658 OVERSEAS HWY  
Suite, Apt. #, etc.

City & State  
CUDJOE KEY, FL

City & State  
CUDJOE KEY, FL

Zip  
33042

Country

Zip  
33042

Country



03072006 Chg-P CR2E034 (11/05)

4. FEI Number  
20-3467301

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
KELLEY, ALBERT L  
926 TRUMAN AVE.  
KEY WEST, FL 33040

7. Name and Address of New Registered Agent  
Name LYNN C BELL  
Street Address (P.O. Box Number is Not Acceptable)  
22658 OVERSEAS HWY  
City CUDJOE KEY FL Zip Code 33042

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: Lynn C Bell  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOODRICH, RICHARD 776 CARRIBEAN DR. SUMMERLAND KEY, FL 33042 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, LYNN C 22658 OVERSEAS HWY CUDJOE KEY, FL 33042 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODRICH, MARILYN 776 CARRIBEAN DR. SUMMERLAND KEY, FL 33042 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800068560278 03/24/06--01006--016 **\$61.25
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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: Lynn C Bell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #