## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2006 8:00 am Secretary of State 03-16-2006 90221 004 \*\*\*150.00

DOCUMENT # P05000129294  1. Entity Name PAYNE IN THE ATTIC, INC.					03-16-2006 90221 004 ***150.00			
Principal Place of Business Mailing Address					1	~~~~		
106 OLD RA	ILROAD LN	106 OLD RAILROAD LN						
PALATKA, FL	. 32177 US	PALATKA, FL 32177 US						
						1 <b>2010</b> 1 2011 0 611 6016 01	RTI NTI BURKO (BRID KIDIO (BR	A COMPAN II ARD
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006	Chg-P	CR2E034 (11/0	5)	
City & State		City & State		4. FEI Numb	20 - 35	12 627	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	□ \$8.75	Additional
6. Name and Address of Current		l Registered Agent			7. Name and	Address of New I	Fee Required Agent	rired
				Name				
PAYNE, MARY K 106 OLD RAILROAD LN PALATKA., FL 32177				Street Address (P.O. Box Number is Not Acceptable)				
TABATICA,	, 1 = 32177						· · · · · · · · · · · · · · · · · · ·	
				City			FL Zip C	ode
6. 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.								th, and accept
SIGNATURE  Signature, typed or printed name of registered agent and ide if applicable (NOTE: Registered Agent signature required when rematating)  DATE								
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Compaign Fina Trust Fund Contribution					00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS		DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 11
TITLE NAME	DAVNE MULIARALLIES		TITLE				Chang	e 🔲 Addition
STREET ADDRESS	106 OLD RAILROAD EN		NAME	RE EET ADDRESS				
CITY-ST-ZDP	PALATKA, FL 32177			ST-ZIP				
TITLE			TITLE				Chang	a Addition
NAME STREET ADDRESS	400 O D D 111 D C 1 D 1 1 1 1 1 1 1 1 1 1 1 1		NAME					
CITY-ST-ZIP				ET ADORESS -ST-ZIP				
idtt		☐ Deleta	TITLE	<del></del>		<del> </del>	Chang	a Addition
NAME			NAME					a 🗀 Addition
STREET ADDRESS City-St-ZIP	  -			ET ADORESS				
TITLE				ST-ZIP				
NAME		☐ Delete	TITLE				Chang	e 🔲 Addition
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			CITY-	ST-ZIP				
TITLE HAME		Oeleze	TITLE				☐ Chang	Addition
STREET ADDRESS			NAME	T ADORESS				
CITY-ST-ZIP				ST-ZIP				
TITLE		Delete	TITLE	<del></del>			☐ Chang	1 Addition
NAME			NAME	4		-		- 🔲 2000000
STREET ADDRESS				T ADDRESS				
CITY-S1-ZIP  12. Thereby certify that the information supplied with this filling does not qualify for the execution of the control of the con				SI-ZIP		<del></del>		
indianted	entry that the information supplied with	i mis iming does not qualify for	n the exe	mptions contained	in Chapter 119	, Florida Statutes, I	further certify that the	information

The early clind to information supplied with this itting does not quality for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as it 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 chapter 107. Florida Statutes are that my name appears in Block 10 or Block 11 if

SIGNATURE: Many Laylance Many Kay Payne 3-14-06
SIGNATURE PO TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Date Daylone Phone #