## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCLIMENT # DOSO00120462



## FILED Apr 20, 2006 8:00 am Secretary of State

2. Principal Place of Business         3. Mailing Address           Suite, Apt. #, etc.         03132006         Chg-P         CR2E034 (11/05)           City & State         4. FEI Number         2. C.	plied For t Applicable litional d
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O3132006 Chg-P CR2E034 (11/05)  City & State  City & State  City & State  Country  Zip  Country  S. Certificate of Status Desired  File Rumpher  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Country  Street Address (P.O. Box Number is Not Acceptable)  FILE Now!!! FEE Is \$150.00  After May 1, 2006 Fee will be \$550.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution.  Delete  ITILE  NAME  SHOWALTER, TONYA L M.S.  1412 WYNGATE LANE  LAKELAND, FL 33809  P. Election Campaign Financing  Trust Fund Contribution.  Added to Fees  SIRGIT ADDRESS  CITY-SI-Zip  LAKELAND, FL 33809  CITY-SI-Zip  SHOWALTER, TONYA L M.S.  1412 WYNGATE LANE  LAKELAND, FL 33809  Delete  TILE  NAME  SHOWALTER, NATHÂN J  Delete  TILE  NAME  SHOWALTER, NATHÂN J  Delete  TILE  NAME  SHOWALTER, NATHÂN J	plied For t Applicable litional d
City & State  Country  5. Certificate of Status Desired  \$8.75 Add Fee Require  Fee Require  Name  ShowAlter, Tonya L M.S.  1412 WYNGATE LANE  LAKELAND, FL 33809  City  FL Zip Coo  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, the obligations of registered agent and side il applicable.  (NOTE Registered Agent signature required when rentating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  12. SHOWALTER, TONYA L M.S.  14.12 WYNGATE LANE LAKELAND, FL 33809  CITY-SI-ZIP LAKELAND, FL 33809  CITY-SI-ZIP NAME SHOWALTER, NATHAN J Delete TITLE NAME SHOWALTER, NATHAN J MAKE	t Applicable littional d
SHOWALTER, TONYA L M.S.  1412 WYNGATE LANE LAKELAND, FL 33809  Signature, typed or parted name of registered agent and title il applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS TITLE NAME SHOWALTER, TONYA L M.S.  1112 WYNGATE LANE SUPPLIES SHOWALTER, TONYA L M.S.  1112 WYNGATE LANE SUPPLIES SHOWALTER, TONYA L M.S.  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME SHOWALTER, TONYA L M.S. SIRET ADDRESS 1412 WYNGATE LANE SIRET ADDRESS 1412 W	t Applicable littional d
SHOWALTER, TONYA L M.S.  1412 WYNGATE LANE LAKELAND, FL 33809  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent or planted raine of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1412 WYNGATE LANE SHOWALTER, TONYA L M.S.  SIRET ADDRESS  CITY-ST-ZIP LAKELAND, FL 33809  17. Showalter, NATHAN J  18. Certificate of Status Desired  7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  18. City FL Zip Coc City FL Z	e
SHOWALTER, TONYA L M.S.  1412 WYNGATE LANE LAKELAND, FL 33809  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent.  SIGNATURE  Signature, yould or pured name of registered agent and side il applicable.  (NOTE: Registered Agent signature required when reinstating)  P. Election Campaign Financing Trust Fund Contribution.  P. CFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11ILE NAME SHOWALTER, TONYA L M.S. STREET ADDRESS CITY-ST-ZIP  TITLE VP. Delete TITLE NAME SHOWALTER, NATHAN J  NAME SHOWALTER, NATHAN J  NAME SHOWALTER, NATHAN J	
SHOWALTER, TONYA L M.S.  1412 WYNGATE LANE LAKELAND, FL 33809  City  City  FL  Zip Cod  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, the obligations of registered agent and title if applicable.  Signature  Signature, typod or parted name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  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  Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  TITLE NAME SHOWALTER, TONYA L M.S. SIREET ADDRESS CITY-ST-ZIP  LAKELAND, FL 33809  TITLE NAME SHOWALTER, NATHÂN J  Delete TITLE NAME SHOWALTER, NATHÂN J  Delete TITLE NAME SHOWALTER, NATHÂN J  NAME SHOWALTER, NATHÂN J	
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, the obligations of registered agent.  Signature. typed or purted name of registered agent and title II applicable. (NOTE: Registered Agent signature required when reinstating)  FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  PAME  SHOWALTER, TONYA L M.S.  SIREET ADDRESS  CITY-SI-2IP  LAKELAND, FL 33809  TITLE  VP  Delete  TITLE  VP  Delete  TITLE  VP  Delete  TITLE  NAME  SHOWALTER, NATHAN J  Delete  TITLE  NAME  SHOWALTER, NATHAN J	
SIGNATURE Signature, typed or plunted name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  Title NAME SHOWALTER, TONYA L M.S.  STREET ADDRESS CITY-ST-ZIP  LAKELAND, FL 33809  TITLE NAME SHOWALTER, NATHAN J  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE SHOWALTER, NATHAN J  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME SHOWALTER, NATHAN J  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE STREET ADDRESS CITY-ST-ZIP  Change NAME SHOWALTER, NATHAN J	and accept
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  SHOWALTER, TONYA L M.S.  SIREET ADDRESS CITY-ST-ZIP  LAKELAND, FL 33809  Trust Fund Contribution.  9. Election Campaign Financing Trust Fund Contribution.  4. Added to Fees  TITLE  NAME  SHOWALTER, TONYA L M.S.  STREET ADDRESS CITY-ST-ZIP  TITLE  VP  Delete  TITLE  NAME  SHOWALTER, NATHAN J  Delete  TITLE  NAME	
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TITLE         Delete         TITLE         Change           NAME         NAME         NAME           STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP	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, withial other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR