## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000135686



**FILED** May 05, 2006 8:00 am Secretary of State 04-17-2006 90413 037 \*\*\*150.00

1. Entity Name GLEN DALE SCHLONEGER, P.A.										
Principal Place of Business			Mailing Address	Mailing Address				0.0	0149	14
3503 N RYE RD Parrish, FL 34219			3503 N RYE RD Parrish, FL 34219					•		
2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E	034 (11/05)	•
City & State			City & State			4. FEI Numb	1 7 2 4 7 7	162	. A	pplied For lot Applicable
Zip	Zip Country		. Žip	Žip Countr		5. Certificate	of Status Desired		\$8.75 Ad Fee Requin	
	6. Name	and Address of Current I	Registered Agent		ļ	7. Name and	Address of New R	gistared	Agent	
HACTING	DAVID.	C	Name							
HASTINGS 2207 54TH GULFPOR	STS				Street Address (P.O. Box Number is Not Acceptable)					
	•				City	<del></del>			Zip Cod	ie .
					<u> </u>			FI	<u> </u>	
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. Spectres, typed or printed name of registered agent and use 4 approache. (NOTE: Required Agent agents enquired when rematting)  DATE										
FILE NOWILL FEE IS \$150,00  After May 1, 2006 Fee will be \$550.00  P. Election Campaign Financing  Trust Fund Contribution. \$3.40										
10.		OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFI	CERS AN		
TITLE NAME	DPST	EGER, GLEN D	Detete	TITL MAN					Change	Addition
STREET ACCRESS	3503 N R			1	ET ADORESS					
CITY-ST-ZIP		I, FL 34219			-51-ZIP					
TITLE	l		☐ Delete	nq	ł .				Change	☐ Addition
NAME	l			NAL	et i					
STREET ADDRESS CITY-ST-ZIP					EET AUDRESS (-S1-ZIP					
TITLE			☐ Delete	tit					Change	Addition
NAME			□ vexis	NAA						
STREET ADDRESS	]			\$TR	EET ADORESS	•				
CITY-ST-ZIP				СП	1-S1-ZIP					
TITLE			Delete	DTL					Change	Addition
NAME STREET ADDRESS				NA. STR	RET ADORESS					
CITY-ST-2IP					-SI-ZIP					
TITLE			Delete	ntt	£		· · · · · · · · · · · · · · · · · · ·		Ctrange	Addition
NAME				NAM	1				-	
STREET ADDRESS					EET ADORESS					
City-St-ZiP	-		<u> </u>	-	r-S1-ZP	•			☐ Change	☐ Addition
NAME			Oelete	TIT.	i				C) custings	
STREET ADDRESS					EET ADORESS					
					r-\$1-21P					
12. Lhereby	certify that the	ve information supplied with	this filing does not qualify f	or the ex	emotions contain	ed in Chapter 11	9. Florida Stelutes. I	further ca	ertify that the	information

reserve venily may be information supplied with may lining does not qualify for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the lindicated on this report or suppliemental 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 cooperation 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: