

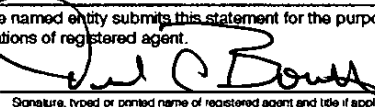
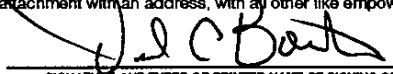


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90111 003 ***150.00

DOCUMENT # P94000094077 1. Entity Name JUST YOUR TYPE OF HERNANDO COUNTY, INC.																																									
Principal Place of Business 1275 CABALLERO COURT SPRING HILL, FL 34608 US			Mailing Address 1275 CABALLERO COURT SPRING HILL, FL 34608 US																																						
2. Principal Place of Business 9140 BLAINE ROAD Suite, Apt. #, etc.		3. Mailing Address 9140 BLAINE ROAD Suite, Apt. #, etc.																																							
City & State SPRING HILL FL		City & State SPRING HILL, FL		4. FEI Number 59-3286246																																					
Zip 34608		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent GENOVA, DEIRDRE 1275 CABALLERO COURT SPRING HILL, FL 34608				7. Name and Address of New Registered Agent Name BONETT, DEIRDRE Street Address (P.O. Box Number is Not Acceptable) 9140 BLAINE ROAD City SPRING HILL FL Zip Code 34608																																					
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																									
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPT GENOVA, DEIRDRE 1275 CABALLERO COURT SPRING HILL, FL 34608 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GENOVA, DEIRDRE 1275 CABALLERO COURT SPRING HILL, FL 34608		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> DPT BONETT, DEIRDRE 9140 BLAINE ROAD SPRING HILL FL 34608 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BONETT, DEIRDRE 9140 BLAINE ROAD SPRING HILL FL 34608		<input checked="" 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:  DEIRDRE A. BONETT PRESIDENT 352 683 2474 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																									