2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ויסרו				Mar 20, 2006 08:00 AM
1. Entity Nar	MENT # P95000026	3299		Secretary of State
	RY REHABILITATION & FI TING, INC.	INANCIAL		
Principal Pla	ce of Business	Mailing Address		
3621 CLIPPER WAY TAVARES FL 32778 US		3621 CLIPPER WAY TAVARES FL 32778 US		
2. Principal l	Place of Business	3. Mailing Address		
Suite. Apt. #, etc.		Suite, Apt. #, etc		1st MOORE
City & State		City & State		4. FEI Number 59-3307700 Applied F. Not Applied
Zip	Country	Zıp	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent		7. Name and Address of New Registered Agent
200	VIE CODOTUV B	i	Name	
DOYLE, DOROTHY B 3621 CLIPPER WAY TAVARES FL 32778			Street Address (	P.O. Box Number is Not Acceptable)
16.	TARESTE SETTO			
			City	FL Zip Code
	e named entity submits this stateme: itions of registered agent.	nt for the purpose of changing its re	egistered office or register	red agent, or both, in the State of Florida. I am familiar with, and according
_				
SIGNATURE	Signature, typed or prested same of registered a	igent and title if applicable (NOTE I	Registored Agent signature remained	t when reinstating) DATE
Afte	FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550	0.00		9. Election Campaign Financing \$5.00 Ma  Trust Fund Contribution.   Added to F.
Make Chec	k Payable to Florida Departmen	NO DIRECTORS	11.	
stre	PSTC	AND DEVICE LOUIS		ADDITIONS (PHANGES TO DEFICEDS AND DIRECTORS IN 11
NAME	DOVI E DODOTIN B	☐ Delete	TIDE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS	DOYLE, DOROTHY B	☐ Delete	TITLE NAME	☐ Change ☐ A.
1377-S1-732	3621 CLIPPER WAY	☐ Delete	TITLE NAME STREET ADDRESS	
City-ST-ZIP	3621 CLIPPER WAY TAVARES FL 32778		TITLE NAME STREET ADDRESS GITY-ST-ZIP	□ Change □ A- U00000473231 03/31/06-80008-015 150.00
TITLE MAME	3621 CLIPPER WAY	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ A.
TITLE MAME STREET ADDRESS	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Change □ A- U00000473231 03/31/06-80008-015 150.00
Title Hame Street Address City-S1-Zip	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ A- U00000473231 03/31/06-80008-015 150.00 □ Change □ Ad
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Change □ A- U00000473231 03/31/06-80008-015 150.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Change □ A- U00000473231 03/31/06-80008-015 150.00 □ Change □ Ad
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ change □ A- U00000473231 03/31/06-80008-015 150.00 □ Change □ A-4
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ Change □ A- U00000473231 03/31/06-80008-015 150.00 □ Change □ Ad
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	□ change □ A- U00000473231 03/31/06-80008-015 150.00 □ Change □ A-4
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	Change   A
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	□ change □ A- U00000473231 03/31/06-80008-015 150.00 □ Change □ A-4
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE THE MAME TREET ADDRESS CITY-ST-ZIP TITLE	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	Delete  Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE	Change   A
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAMIC STREET ADDRESS CITY-ST-ZIP TITLE MAMIC STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Change   A
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAMIC STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	3621 CLIPPER WAY TAVARES FL 32778 VD DOYLE, LEROY 3621 CLIPPER WAY TAVARES FL 32778	Delete  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change   A

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dorothy B. Dayle Dorothy B. Dayle

3/16/2006 352-343-184