

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90017 018 ***150.00

40090000



04042006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3360717** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, PRESTON
419 9TH AVE
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent

Name **HARVEY BARK BOYCE**
Street Address (P.O. Box Number is Not Acceptable)
548 MARY ESTHER CUT-OFF #325
City **FORT WALTON BEACH** FL Zip Code **32548**

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 *Preston Burns* *Preston* *Apr 4-2006*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BURNS, PRESTON | |
| STREET ADDRESS | 419 9TH AVE | |
| CITY-ST-ZIP | SHALIMAR, FL 32579 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------|---|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARVEY BARK BOYCE | |
| STREET ADDRESS | 548 MARY ESTHER CUT-OFF #325 | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DANN MARIE BOYCE | |
| STREET ADDRESS | 548 MARY ESTHER CUT-OFF #325 | |
| CITY-ST-ZIP | FORT WALTON BEACH FL 32548 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 *Harvey Bark Boyce* *HARVEY BARK BOYCE* *4/3/06* *850-499-3638*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #