

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90113 011 \*\*\*150.00

**DOCUMENT # P96000034307**

1. Entity Name  
GET IN TOUCH, INC.



Principal Place of Business  
69000 PHILLIPS HWY  
SUITE 23  
JACKSONVILLE, FL 32216

Mailing Address  
69000 PHILLIPS HWY  
SUITE 23  
JACKSONVILLE, FL 32216

2. Principal Place of Business  
6900 PHILLIPS HWY

3. Mailing Address  
6900 PHILLIPS HWY

Suite, Apt. #, etc.  
SUITE 23

Suite, Apt. #, etc.  
SUITE 23

City & State  
JACKSONVILLE, FL

City & State  
JACKSONVILLE, FL

03282006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3380835

Applied For  
Not Applicable

Zip Country  
32216 DUVAL

Zip Country  
32216 DUVAL

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

## 6. Name and Address of Current Registered Agent

JORGENSEN, MIKE  
7775 BEACH BLVD  
JACKSONVILLE, FL 32216

## 7. Name and Address of New Registered Agent

Name JORGENSEN, MIKE  
Street Address (P.O. Box Number is Not Acceptable)  
11250 ST. AUGUSTINE RD., #15-353  
City JACKSONVILLE FL Zip Code 32257

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 type="checkbox"/> Delete
NAME	ROBINSON, SCOTT A	
STREET ADDRESS	6900 PHILLIPS HIGHWAY, SUITE 23	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	PST	<input type="checkbox"/> Delete
NAME	ROBINSON, SCOTT A	
STREET ADDRESS	6900 PHILLIPS HIGHWAY, SUITE 23	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	
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		<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		
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 Ix empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9042790093  
4-21-06  
Date Daytime Phone #