2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # P96000060260 1. Entity Name LONEHILL SYSTEMS, INC.)	01-20-20	06 90035	5 006 ***1	150.00	
Principal Plac	e of Business	1		Mailing Address		•	1 .					
7616 SOUTHLAND BLVD				1517 E. HILLCREST ST								
STE 107				ORLANDO, FL 32803								
ORLANDO, FL 32809												
2. Principal Place of Business 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01102006	Chg-P	CR2E0	34 (11/05)		
City & State				City & State			4. FEI Numb 59-339			<u></u>	plied For t Applicable	
Zip	Country			Žip Coun		itry	5. Certificate of Status Des			\$8.75 Add		
	6 Name	ss of Current Re	agistored Agent	ı t			Address of New			*		
	O. Name	and Addre	SS OF CUITERIT RE	shipteren whenr		Name	7. Name and Address of New Registered Agent					
SMALLEY	& COMPA	NY PA				112110						
1517 E HIL						Street Address (P.O. Box Number is Not Acceptable)						
ORLANDO, FL 32813												
	•											
	_					City			FL	Zip Code	3	
	<u>':</u>		 			<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. 												
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SIGNATURE_												
Signature, typed or printed name of registered agent and title if applicable. (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 \$5.0 Trust Fund Contribution.												
10.		0	FFICERS AND D	RECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11	
TITLE	PD ! Delete TITL					E				Change	☐ Addition	
NAME	EDGAR, JOHN A					IE .						
STREET ADDRESS						EET ADDRESS					ļ	
City-ST-ZIP	SAINT CLOUD, FL 34772					-ST-ZIP						
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NAME	LAYTON,	LAURA L		•	NAM	IE						
STREET ADDRESS	11337 VIA	ANDIAR	0		STR	EET ADDRESS						
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CITY-ST-ZIP]) 			l l		0 Florido 6: 1	17.45	of the state of		
12. I hereby of indicated	certify that the I on this repor	e informatib rt or supple	in supplied with the mental report is the	his filing does not qualify true and that	or the ex my signa	emptions containe ture shall have the	ed in Chapter 11 e same legal effe	 Florida Statutes. ct as if made under 	I further cer oath; that I	uty that the ir am an officer	ntormation or director	
12. I hereby certify that the information auxiliary blied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier antil 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 justee 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 as address, with all other like empowered.												
SIGNAT	URF:	Ĺ	UJH	JOHN A	EDO	Sar	<u></u>	1/16/2006	407	850 r	YD32_	
SIGNATURE: JOHN A EDGAR 01 16 2006 407 850 0032												