

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3406947** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEYDE, ROBERT D
HAGGARD & HEYDE
1421 SPOONER ROAD
GRAND RIDGE FL 32442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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, 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
Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution. ☐

OFFICERS AND DIRECTORS

11	<input type="checkbox"/> Delete	
TY	D	
IV	ZIMMERMAN, SILVEN	
SI	5416 HARVEY STREET	
CI	PANAMA CITY FL 32404	
TY	D	
IV	ZIMMERMAN, BEVERLY	
SI	5416 HARVEY STREET	
CI	PANAMA CITY FL 32404	
TY	<input type="checkbox"/> Delete	
IV		
SI		
CI		
TY	<input type="checkbox"/> Delete	
IV		
SI		
CI		
TY	<input type="checkbox"/> Delete	
IV		
SI		
CI		
TY	<input type="checkbox"/> Delete	
IV		
SI		
CI		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11.	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	U000000396565
	01/30/06-80014-010 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 included 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beverly Zimmerman* (Beverly Zimmerman) 1/18/06 850-785-9862