2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2006 8:00 am Secretary of State 03-16-2006 90231 017 ***150.00

1. Entity Nam	MENT # P96000100 HARKS, OF LEMON BAY, IN					03-16-2006	90231 01	·.	o.oo ,	
Principal Place of Business Mailing Address				1			,			
3285 C PLACIDA RD P O BOX 29							٠.	٠		
B+C ENGLEWOOD	, FL 34224	PLACIDA, FL 33946	PLÁCIDA, FL 33946		1 (0.00)(0.00)		El 1/8// 88/14 88/1		1001 1001	
2. Principal Place of Business		3. Mailing Address								
		College Age # age			0 L9	41 IJU VEIN EEN		BE BE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02252006	Chg-P	CR2E03	4 (11/05)			
City & State		City & State		4. FEI Number 59-3415				plied For t Applicable		
Zip	Country	Zip	Coun	try	5. Certificate o	f Status Desired		8.75 Add		
	6. Name and Address of Current	Registered Agent	!		7. Name and A	ddress of New A				
DATCEL A	MOVINI EV ITTERSACENI ET			Name						
BATSEL, MCKINLEY, ITTERSAGEN ETAL 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948			Street Address (P.O. Box Number is Not Acceptable)							
							_			
			City	FL Zip Code						
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE.	<i>3</i> 1 .	· · ·			·				·	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	-	DATE	-		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont			i.00 May Be ded to Fees				. }	
	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME	D GILCHER, JEFFREY N	☐ Delete	TITLE					Change	Addition	
STREET ADDRESS	13 PINE HURST RD			EET ADDRESS						
CITY-ST-ZIP	ROTONDA WEST, FL 33947		CITY	-ST-ZIP						
TITLE	D WAS THE THE	☐ Delete	TITLE					☐ Change	Addition	
NAME STREET ADDRESS	GILCHER, JACQUELINE 13 PINE HURST RD		NAM	E Et address						
CITY-ST-ZIP	ROTONDA WEST, FL 33947			-ST-ZIP						
TITLE		☐ Delete	TITLI	E				☐ Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE									☐ Addition	
NAME		☐ Delete	TITLE	≣				Change		
I CTREET ARABECC		☐ Delete	NAM	E				Change	Addition	
STREET ADORESS CITY-ST-ZIP		☐ Delete	NAM Stre					☐ Change	Addition	
		☐ Delete	NAM Stre	E EET ADDRESS - ST- ZIP				☐ Change	Addition	
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CITY-ST-ZIP			NAM STRE CITY TITLI NAM STRE	E EET ADDRESS -ST-ZIP						
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Incredy 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: Jangul Dolal Jacque line	N Gilcher	3/13/06	941-698-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO	Vice Preside	Date	Daytime Phone #