2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000104412

FILED
Jan 17, 2006 08:00 AM
Secretary of State

1. Entity Nam PARKMO					·		
Principal Plac P.O. BOX 35 SARASOTA, F	109	Mailing Address P.O. BOX 35109 SARASOTA, FL 34242				•	
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1230 SOU FORT LAL	6. Name and Address of Current Reg Y, CATHERINE THEAST FOURTH AVE JDERDALE, FL 33318 Triamed entity submits this statement for the	red office or regist	IN T	NOT WITHIS SP	PACE	r with, and accep	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating): DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		5.00 May Be Ided to Fees		•	e e
10. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIR D SCHLEGEL, DOUGLAS PO BOX 35109 SARASOTA, FL 34242 D FREASE, LETTIE 3073 137TH ST TOLEDO, OH 43611	9			- <u>110000</u> 00 Ú1719706-)3880154 -80055-014	isu. 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W THIS SF		-

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/06 941

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