

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90028 034 \*\*\*158.75

<b>DOCUMENT # P97000026919</b> 1. Entity Name <b>THE 1034 BUILDING, INC.</b>			
Principal Place of Business 2630 N.W. 41ST STREET, BLDG. B GAINESVILLE, FL 32606		Mailing Address 2630 N.W. 41ST STREET, BLDG. B GAINESVILLE, FL 32606	
2. Principal Place of Business <b>1034 NW 57th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>1034 NW 57th St</b> Suite, Apt. #, etc.	
City & State <b>Gainesville FL</b> Zip <b>32605</b>		City & State <b>Gainesville FL</b> Zip <b>32605</b>	
4. FEI Number <b>59-3440596</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LASH, ROBERT A</b> <b>500 EAST UNIVERSITY AVE</b> <b>PO DRAWER 2759</b> <b>GAINESVILLE, FL 32602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <div style="text-align: right;"> <b>2/6/06</b>          DATE       </div>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SPIES, LOREN 2630 NW 41ST STREET, BLDG. B GAINESVILLE, FL 32606	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.			
<b>SIGNATURE:</b> 		<b>2/6/06 352-331-0797</b> Date Daytime Phone #	