2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

						2000 00.0011
1. Entity Nar	MENT # P9700002943	37			Secr	etary of State
D (() D)-	and Durings	4-40 A-J-1				
] .		Mailing Address	_			
1715 COACHMAN PLAZA DR STE A 1715 COACHMAN PLAZA DR S CLEARWATER, FL 33759 US CLEARWATER, FL 33759 U						
				P destruction are as		BBUIR XXIV (mot) where offil (Sweens of com)
				01092006	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb		Applied For
				59-349	90070	Not Applicable
				5. Certificate	of Status Desired	□ \$8.75 Additional Fee Required
 -	6. Name and Address of Current Regi	stered Agent		 ' 		10011041110
ERWIN, ROBIN M				DO	NOT WE	RITE
3596 WOODRIDGE PLACE PALM HARBOR, FL 34684						
			1	IN	THIS SPA	ACE
9 Tho about	e named entity submits this statement for the	n reason of changing its register	ad affice as soo	internal name to the	at the Charles of Charles	-1- 1 6 91- NO 1
the obliga	e harried entity submits this statement for the attions of registered agent.	barbose or custified as register	eo onice or reg	istered agent, or bo	in, in the State of Flori	da. I am Iamiliar With, and accept
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable (NOTE, Registere	ed Agent signature re	Quired when reinstating)	•	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			· —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS	T		<u> </u>	
TITLE	PD		1			
NAME	ERWIN, ROBIN M					
STREET ADDRESS		-	1			
CITY-ST-ZIP	PALM HARBOR, FL 34684	<u> </u>	Į		then nuti	395188
TITLE	VSTD		i		01/26/05-	395188 80042-003 150.00
NAME	ERWIN, S. DOUGLAS		İ			,
STREET ADDRESS CITY-ST-ZIP	3596 WOODRIDGE PLACE PALM HARBOR, FL 34684					
TITLE	FACINI STREET, T. C. COTOT		-			
NAME	1					
STREET ADDRESS				-		
CITY-ST-ZIP				טט	NOT W	ベニト
TITLE		<u> </u>	1	IKI *	THIS SPA	ACE
NAME			j	NI I	1 113 3 17	ペレ に
STREET AODRESS						
CITY-ST-ZIP			1			
TITLE			1			

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 attachpropt with an address, with all other like empowered

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

Ju Crum Robin Eru

1/17/06 727 - 725-004 Date Dayline Phone #