2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 05, 2006 08:00 AM Secretary of State DOCUMENT # P97000039642 WILLIAM C. HALDIN, JR., P.A. Principal Place of Business Mailing Address 808 EAST FORT KING STREET 808 EAST FORT KING STREET OCALA, FL 34471 OCALA, FL 34471 04032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3445845 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HALDIN, WILLIAM C JR. DO NOT WRITE 808 EAST FORTKING STREET OCALA, FL 34471 IN THIS SPACE 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 | 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 1/7LE NAME HALDIN, WILLIAM C JR 808 EAST FORT KING STREET STREET ADDRESS. U00000492364 CATY-ST-ZIE OCALA, FL 34471 04/19/06-20063-002 150.00 SITLE NAME STREET ADDRESS CITY-ST-ZIP ----NAME STREET ADDRESS

CITY-ST-ZIP 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 poort is the 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 truefee emplowered 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 than proposed.

SIGNATURE:

CITY-ST-ZIP TITLE

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

SIGNING OFFICER OR DIRECTOR

DO NOT WRITE

IN THIS SPACE

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