2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR) DOCUMENT # P97000040105 1. Entity Name				Mar 07, 2006 08:00 AM Secretary of State		
Principal Place of Business		Mailing Address				
96 SLASH PINE DRIVE CRAWFORDVILLE FL 32327		96 SLASH FINE DRIVE CRAWFORDVILLE FL 32327				
2. Principal Place of Business		3. Mailing Address			1 88%) \$10% BB(0) 165% \$8%61 8	,(1 00) 11 1 99 (
Suite, Apt. II, etc.		Suite, Apt. #, etc.		1st MOORE CF	R2E034 (10/05)	
City & State		City & State		4. FEI Number 59-3454519		oplied Fo
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Require	titional d
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Reg	Istered Agent	
ABBOTT, LEWIS A 96 SLASH PINE DRIVE CRAWFORDVILLE FL 32327				Street Address (P.O. Box Number is Not Acceptable)		
			- Sheet Address	(F.O. DOX NUMBER IS NOT ACCEPTABLE)		
2						
			City		FL Zip Cod	
	e named entity submits this statement : tions of registered agent.	for the purpose of changing its	s registered office of registe	ered agent, or both, in the State of Florid	a. 1 am tamiliar with,	and aoc
SIGNATURE	·					
	Signature, typed or printed name of registered ages	TON) oldspace is eliable to the transition of th	TE Registated Agent signature require	od when reinstaling)	OATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k.Payable to Florida Department		;	9. Election Campaign Trust Fund Contrib		.00 May ed to Fee
10.	OFFICERS AN		11.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11
TITLE	PT . DANG A	☐ Detete	IIILE		☐ Change	□ Ad
NAME STREET ADDRESS	ABBOTT, LEWIS A	_	NAME STREET ADDRESS	<u> </u>	52	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327		C)TY-ST-ZIP	03/18/06-8000		0
TITLE NAME	VS ABBOTT, DOROTHY A	☐ Delete	TITLE NAME		☐ Change	<u> </u>
STREET ADDRESS	96 SLASH PINE DRIVE		STREET ADDRESS			
City-St-ZIP	CRAWFORDVILLE FL 32327		CITY-ST-ZIP			
TITLE NAME	{	C Delete	NAME (☐ Change	☐ Ād
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City-St-ZiP		<u></u>	G(TY-ST-ZIP			
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City - ST - ZIP	.	<u> </u>	GITY-ST-ZIP		☐ Change	——————————————————————————————————————
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TITLE NAME		ET DEIGE	RAME :		L_1 Unange	141
STREET ADURESS	}		STREET ADDRESS			
12. hereby	certify that the information supplied w	rith this tiling does not qualify	for the exemptions contain	ed in Section 119, Florida Statutes, I tu	rther certify that the	inform.

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE ATTACH a. A. A. A. III. U. P. (DANTHU A AMBAH) 3/5/16 250/921-5204