

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 NOV -7 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10312006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0769718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMON, JAMES G
1695 LANTANA UNIT D
ENGLEWOOD, FL 34224

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME HAMON, JAMES G
STREET ADDRESS 4688 ARLINGTON DR
CITY-ST-ZIP PLACIDA, FL 33946

TITLE V ☒ Delete
NAME BOLING, TIMOTHY D
STREET ADDRESS 14 FAIRWAY RD
CITY-ST-ZIP ROTONDA WEST, FL 33947

TITLE V ☐ Delete
NAME CLARK, JEFFERY R
STREET ADDRESS 1600 PHILLIPS PLACE
CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900081594039
CITY-ST-ZIP 11/07/06--01049--018 **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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:

James G Hamon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-06

941-475-0558

Date

Daytime Phone #

90 11/8