## 2006 FOR PROFIT CORPORATION

## **FILED** Mar 27, 2006 08:00 AM

ANNUAL REPORT				Secretary of State		
DOCUMENT # P97000102842					Secret	ary of State
	DLDINGS OF PANAMA CITY, IN					
Principal Plac	ce at Business M	ailing Address		}		
1610 Tenni Lynn Havei		1610 TENNESSEE AVE LYNN HAVEN, FL  32444	s			
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			<del>_</del> \_			
			02172006 No Chg-P CR2E034 (11/05)			
DO NOT WRITE IN THIS SPA			CE	4. FE! Numbe		Applied For
				59-349	<del></del>	Not Applicable  \$8.75 Additional
	6. Name and Address of Current Regis	tored knows	<del></del>	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
		tered Agunt				
TILLMAN, JEAN F 1610 TENNESSEE AVE			DO NOT WRITE			
LYNN HAVEN, FL 32444			IN THIS SPACE			
8. The above	a named entity submits this statement for the patients of registered agent	ourpose of changing its registers	l ed office or register	ed agent, or bo	th, in the State of Flori	da. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	Hannischle Brown	d Constitution		<del></del>	DATE
	Capacities, types or protect teams of registering again and 11.8		d Agent signature required			DATE
FILE NOWISI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.				.00 May Be ed to Fees		
III.	OFFICERS AND DIRE	CTORS	ł			
NAME STREET AODRESS	TILLMAN, JEAN F					
CITY-ST-ZIP	LYNN HAVEN, FL 32444	· ·			Honnor	ነለ <b>ር</b> ሮሮሮ የእ
TITLE NAME	D GAY, ARTHUR C		ĺ		04/11/06-	)482397 -80073-012 158.75
STREET ADDRESS CITY-ST-ZIP	1610 TENNESSEE AVE.		ĺ			
TITLE	LYNN HAVEN, FL 32444	<u> </u>	1			
NAME STREET AUDRESS			}			
CITY-ST-ZIP			Ĭ	DO	NOT WE	RITE
TITLE NAME			ļ	IN 7	THIS SPA	ACE
STREET ADDRESS			1			
CITY-ST-ZIP			}			
NAME		}	l			
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TITLE			1			
NAME STREET ADDRESS			į.			

12. I hereby certify that the information supplied with this filling 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 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

850 - JUJ - 2880 Daytene Phone #