

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90081 037 ***150.00

DOCUMENT # P97000108907

1. Entity Name
ILLUMINATIONS I, INC.



Principal Place of Business

100 SW 75TH STREET
STE 205
GAINESVILLE, FL 32607 US

Mailing Address

100 SW 75TH STREET
STE 205
GAINESVILLE, FL 32607 US

40052938



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-3487460

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

JOHNSON, CARL
4421 NW 39TH AVENUE 1-2
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent

Name

Merrill Pugh

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

100 SW 75th Street

Suite 205

City

Gainesville

FL

Zip Code

32607

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

Merrill Pugh

(NOTE: Registered Agent signature required when reinstating)

4/3/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDS ☐ Delete
NAME PUGH, MERRILL L
STREET ADDRESS 100 SW 75TH STREET STE 205
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE VPTD ☐ Delete
NAME PLA, JOHN M
STREET ADDRESS 100 SW 75TH STREET SUITE 205
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

Merrill Pugh

4/3/06

352-331-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #