

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90017 013 \*\*\*150.00

**60020264**



02142006 Chg-P CR2E034 (11/05)

| <b>DOCUMENT # P98000007830</b><br>1. Entity Name<br><b>C &amp; S PRINTING SERVICES, INC.</b>  |   |   |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|---|---|---|--|---|---|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|------|---|----------------|--------------------|--|----------------|--|--|-------------|---|--|-------------|--|--|-------|---|---------------------------------|-------|--|---|------|-------------------|--|------|--|--|----------------|-----------------------|--|----------------|--|--|-------------|---------------------|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|--|---|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>15 LA GRANDE BLVD.<br/>LADY LAKE, FL 32159</b>  |   |   | Mailing Address<br><b>15 LA GRANDE BLVD.<br/>LADY LAKE, FL 32159</b>   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business<br><b>4420 NE. 83rd Road</b>   |   | 3. Mailing Address<br><b>4420 NE. 83rd Road</b> |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Suite, Apt. #, etc.<br>   |   | Suite, Apt. #, etc.<br>                         |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| City & State<br><b>Wildwood, FL</b>   |   | City & State<br><b>Wildwood, FL</b>             |  | 4. FEI Number<br><b>59-3489970</b>  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>34785</b>   |   | Country<br><b>USA</b>                           |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>34785</b>   |   | Country<br><b>USA</b>                           |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WILLMAN, CYNTHIA L<br/>15 LA GRANDE BLVD<br/>LADY LAKE, FL 32159</b>  |   |   | 7. Name and Address of New Registered Agent<br><br><b>Cynthia L. Willman<br/>Street Address (P.O. Box Number is Not Acceptable)<br/>4420 NE 83rd Road<br/>Wildwood, FL 34785<br/>City <b>FL</b> Zip Code</b> |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.<br><br>SIGNATURE: <u><i>Cynthia L. Willman</i></u> <span style="float: right;">2-15-06</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>   |   |   |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>WILLMAN, CYNTHIA L</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>40418 OLD CHURCH OLD<br/>LADY LAKE, FL 32159</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>WILLMAN, STEVEN K</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>40418 OLD CHURCH ROAD</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LADY LAKE, FL 32159</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |   |   |  |   |   | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | WILLMAN, CYNTHIA L |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 40418 OLD CHURCH OLD<br>LADY LAKE, FL 32159 |  | CITY-ST-ZIP |  |  | TITLE | V | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | WILLMAN, STEVEN K |  | NAME |  |  | STREET ADDRESS | 40418 OLD CHURCH ROAD |  | STREET ADDRESS |  |  | CITY-ST-ZIP | LADY LAKE, FL 32159 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | NAME  | <input type="checkbox"/> Delete                 | TITLE  | NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | WILLMAN, CYNTHIA L                          |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | 40418 OLD CHURCH OLD<br>LADY LAKE, FL 32159 |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   | V   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  | WILLMAN, STEVEN K                           |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  | 40418 OLD CHURCH ROAD                       |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   | LADY LAKE, FL 32159                         |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |   |   | CITY-ST-ZIP  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE   |   | <input type="checkbox"/> Delete                 | TITLE  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME  |   |   | NAME   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS  |   |   | STREET ADDRESS   |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP   |   |   | 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: <u><i>Cynthia L. Willman</i></u> <span style="float: right;">2-15-06 (352) 748-8855</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |   |   |  |   |   |                            |  |  |   |  |  |       |      |                                 |       |      |   |                |                    |  |                |  |  |             |   |  |             |  |  |       |   |                                 |       |  |   |      |                   |  |      |  |  |                |                       |  |                |  |  |             |                     |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |  |   |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |