## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P98000018338

1. Entity Name

DONALD G. FOREMAN & COMPANY, CERTIFIED PUBLIC ACCOUNTANTS & FINANCIAL CONSULTANTS, INC.



FILED Jan 05, 2006 08:00 AM Secretary of State

Principal Place of Business

711 N.W. 23RD AVE

SUITE 2 GAINESVILLE, FL 32609 Mailing Address

711 N.W. 23RD AVE

SUITE 2

GAINESVILLE, FL 32609



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1032006	No Chg	-P	CR2E034	(11/05)	

4. FEI Number Applied For S9-3500929 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOREMAN, DONALD G 711 N.W. 23RD AVE SUITE 2 GAINESVILLE, FL 32609

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	named entity submits this statement for the piions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title is	applicable (NOTE Registered	Agent signature	required when reinstating)	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		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY+ST+ZIP	D FOREMAN, DONALD G 711 N.W. 23RD AVE, SUITE 2 GAINESVILLE, FL 32609			U0000037832 <b>7</b> 01/09/06-80001-005 150.00			
TITLE Name Street address City-St-Zip					01/03/06_00001_002 120 <b>.</b> 00		
TITLE Name Street address City-St-Zip				DO	NOT WRITE		
TITLE Name Street address City-St-Zip				IN T	THIS SPACE		
DITLE Name Street address City - St - Zip							
TITLE Name Street address City-St-Zip							

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 empowered

SIGNATURE:

1213013002

352-375-2448

Daylime Phone #