2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2006 08:00 AM Secretary of State

Principal Prince of Business 12749 FIUNT CLUB RIV Applied For Suite, Apr. 4, etc. O4202006 Chg. P. CR2E034 (11/05) Applied For Not Applie				Secretary of State
Suite, Apt. #, etc. City & State 4. FEI Number 58-2173801 Not Applicable 58-273801 Not Applicable 58-75 Additional Fee Required Fee Requir	12749 HUNT CLUB RUN	12749 HUNT CLUB RU		
City & State Country Country S. Certificate of Status Desired S. Certifica	2. Principal Place of Business	3. Mailing Address	<u>,</u>	
Second Status Desired Second Sec	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		04202008 Chg-P CR2E034 (11/05)
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATES, BARBARA B 12749 HUNT CLUB RD N JACKSONVILLE, FL 32224 City FL Zip Code 6. The above retries entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Sequence, upwed or printed name of registered agent and one of expirable. IPOTE Registered Agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE Sequence, upwed or printed name of registered agent and one of expirable. IPOTE Registered Agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS IN 11 ADOI	City & State	City & State		
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indicated on this report or suppremental 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/66 909.99