2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Main-Geny

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Secretary of State DOCUMENT # P98000081588 02-02-2006 90077 024 ***150.00 1. Entity Name NATIONAL FEE FOR SERVICE, INC. Principal Place of Business Mailing Address 200 SOLANA RD PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32004 2. Principal Place of Business 3. Mailing Address SOLANA Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3554347 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 451 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BANYAS, WAINE Street Address (P.O. Box Number is Not Acceptable) 200 SOLÁNA ROAD PONTE VEDRA BEACH FL 32082 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. 1-23-2006 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** TITLE hange Addition ☐ Defete Same NAME BANYAS, WAYNE NAME 111 SOLANA ROAD SUITE 1-B STREET ADDRESS STREET ADDRESS 300 SOLANA ROAD Ponse Vedes But FL 32082 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 Change TITLE ☐ Delete TITLE 5Anne NAME GERSONS, RICHARD D NAME 111 SOLANA ROAD SUITE 1-B STREET ADDRESS 200 SOLANA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PONTE VEDERA BEACH FL 32082 Dalote -TITLE TITLE NAME NAME STEWART, DOTTYE A M.B.A. STREET ADDRESS STREET ADDRESS 200 SOLANA ROAD CITY - ST - ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete TITLE ☐ Chance TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

1-23-2006

Feb 02, 2006 8:00 am