## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

FILED DOCUMENT # P99000042754 06 SEP 18 PM 2: 39 CARÓLYN CASEY, INC. SECRETARY OF STALL TALL AHASSEE, FLORID. Principal Place of Business Mailing Address 2800 N FLAGLER DR 2800 N FLAGLER DR #906 #906 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. 5am Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 09122006 Cha-P # 803 City & State City & State 4. FEI Number Applied For 59-3578108 W.Alm Beach Not Applicable <u>.F.</u> Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33407 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEET, H. BART Street Address (P.O. Box Number is Not Acceptable) FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000 City Zip Code 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 Bart H. Fleet 9-12-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 15, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASEY, CAROLYN M NAME NAME 500080005445 STREET ADDRESS 2800 N FLACLER DR # 906 STREET ADDRESS 09/20/06--01057--006 \*\*150.00 CITY-ST-ZIP WEST PALM BEACH, FL. 33407 CITY-ST-ZIP TITLE ☐ Delete Change Addition 1617 N. Flagler Dr. #803 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-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPRUYE

AND

Davome Phone #