## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2006 08:00 AM Secretary of State

ANNUAL REPORT						Seemster	of C4	oto
DOCL	<b>IMENT # P9900</b>	010470	)4			Secretary	01 50	ate
1. Entity Nar	me IN R. MOY, P.A.							
DIV. 301	IN R. MOT, F.A.					}		
Principal Pla	ce of Business		Aailing Address		1			
3936 S. SEI ORLANDO, I	Moran Blvd., Suite 323 Fl 32822	D., SUITE 323		:				
				And Samuel and Walder		<b>                                   </b>		N 11% EN 128 (1 188)
			A CONTRACT CONTRACT CONTRACTOR		04102006	No Chg-P	CR2E034 (	11/05)
E	DO NOT WR	RITEI	N THIS SI	PACE	4. FEI Num		1	Applied For
					59-36	15514		Not Applica
	·			The state of the s	5. Certificat	e of Status Desired	□ \$8.	75 Additional Required
	8. Name and Address of	Current Regi	stered Agent					
MOY, JOI					חח	NOT WE	SITE	
	KE UNDERHILL RD O, FL 32822					The second secon		n i same
	-, , - ,				- IN	THIS SPA	ACE	
				* 45			1 7 7	::::::::::::::::::::::::::::::::::::
	s named entity submits this stat tions of registered agent.	tement for the	purpose of changing its re	agistered office or registe	red agent, or b	oth, in the State of Florid	ia. ) em lamili	iar with, and acce
SIGNATURE						ï		
Sidivitoric	Signature, typed or printed name of regis	tered agant and mis	ili applicable. (NOTE i	Registered Agent signature required	d when reinstating)		DATE	·
	E NOW!!! FEE IS \$150 ay 1, 2006 Fee will be		9. Election Campaign Trust Fund Contrib		.00 May Be led to Fees			
10.		RS AND DIRE	CTORS	1.27.22.7		<u> </u>	-12	
TITLE NAME	P MOY, JOHN R					T Endow sens waster a		
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CITY-ST-ZIF	ORLANDO, FL 32822					02/03/06	-80116-	002 150.4
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title Name								
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TITLE NAME				1				

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 page 1.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

74-18-06

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