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

## **Secretary of State** DOCUMENT # S48005 01-13-2006 90043 048 \*\*\*150.00 EUGENE E. WALDRON, JR., P.A. 40002053 Mailing Address Principal Place of Business 124 N. BREVARD AVE. 124 N. BREVARD AVE. ARCADIA, FL 34266 US ARCADIA, FL 34266 CR2E034 (11/05) No Chg-P 01052006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0262282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WALDRON, EUGENE E JR. DO NOT WRITE 124 N. BREVARD AVE. ARCADIA, FL: 34266 IN THIS SPACE 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1,:2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPST TITLE WALDRON, E. E., JR. NAME 124 N BREVARD AVE STREET ADDRESS CITY-ST-ZIP ARCADIA, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing 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 attact/urrent with an address, withpill other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-10-200b

863-499-4323

FILED Jan 13, 2006 8:00 am