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

## Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # S80561 1. Entity Name DIANE D. TREMOR, P.A. Principal Place of Business Mailing Address 254B BLAIRSTONE PINES DR. 2548 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 59-3088113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TREMOR, DIANE D. DO NOT WRITE 2548 BLAIRSTONE PINES DR. YALLAHASSEE, FL 32301 IN THIS SPACE 3. 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. (NOTE: Registered Agent signature required when rainstating) OATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS tO. TITLE TREMOR, DIANE D. NAME STREET ADDRESS 2548 BLAIRSTONE PINES DR TALLAHASSEE, FL CITY-ST-ZIP TITLE U0000U49/395 04/22/06-80054-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-57-218 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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 it 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 DIRECTOR SIGNATURE:

NAME STREET ADDRESS

FILED