## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 05, 2006 08:00 AM **DOCUMENT # S93823** Secretary of State BRENT G. SIEGEL, P.A. Principal Place of Business Mailing Address 4046 NEWBERRY RD. 4046 NEWBERRY RD. GAINESVILLE, FL 32607 GAINESVILLE, FL 32607 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3096588 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIEGEL, BRENT G. DO NOT WRITE 4046 NEWBERRY RD. GAINESVILLE, FL 32607 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SIEGEL, BRENT G. NAME STREET ADDRESS 4046 NEWBERRY RD. GAINESVILLE, FL CITY-ST-ZIP ST SIEGEL, BRENT G. NAME STREET ADDRESS 4046 NEWBERRY RD. GAINESVILLE, FL CITY-ST-ZIP SIEGEL, MARTHA C NAME STREET ADDRESS 4046 NEWBERRY RD DO NOT WRITE GAINESVILLE, FL CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

STREET ADDRESS CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/UL (352)375-77-4 C

**FILED**