## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCU	MENT # V16534	5								
1. Entity Nam JENLIN, I					06 SEP 29 AH 7: 49					
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·		Mailing Address	•			SECRETARY OF STATE MALLAHASSEE, FLORIDA				
4471 COMMI Spring Hill		11089 SRING HILL DR Spring Hill Fl 3460	SPRING HILL, FL 34608							
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2. Principal P	lace of Business	3. Maiting Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		08232006	Chg-P	CR2E	034 (11/05)		
City & State		City & State	City & State		4. FEI Number			A	pplied For	
					59-3108	383		<del></del>	ot Applicable	
Zip	Country	Zip	Country	:	5. Certificate o	f Status Desired		\$8.75 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		7	7. Name and A	ddress of New	Registered			
MACON	OCCULA ID		Name							
MASON, JOSEPH M., JR. 101 SOUTH MAIN STREET			Street	Street Address (P.O. Box Number is Not Acceptable)						
BROOKSV	/ILLE, FL 34601		ļ				***************************************	•••••		
			- C'h-			*************************	······································			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City				FL	- 1		
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office	or registered	agent, or both	, in the State of F	lorida. I am	familiar with	, and accept	
1,70 00ga.	or togisteres again,									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent sign	ature required wh	en reinstating)		DATE			
Am	ended AR is \$61.25	9. Election Campai Trust Fund Conti			0.May Be to Fees	•				
10.	OFFICERS AND		11.			HANGES TO OF	FICERS AN	<u> </u>		
TITLE NAME	STD CAVANAGH, CATHLEEN R.	Delete	TITLE NAME	CATH	DENT	AVANAGL	ı	Change	Addition	
STREET ADDRESS	9870 BAYSIDE COURT		STREET ADDRESS	9870	BAYSIC	E C.				
CITY-ST-ZIP	SPRING HILL, FL 34608		CITY-ST-ZIP	SPICI	NG HIL	L, FL.	34608	<b>)</b>		
TITLE NAME		☐ Delete	title Name "		PRES -	, , , , , , ,		Change	Addition	
STREET ADDRESS			STREET ADDRESS	ADDINI,	AS MA	SON NO (T			·	
CITY-ST-ZIP			CITY-ST-ZIP	SPRIN	RESTWO	FL 34	609			
TITLE		Delete	TITLE	المارية أأسأ	TREAS.			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	SUSA	N MAS	SSON TO CT				
CITY-ST-ZIP			CITY-ST-ZIP	SPRII	NG HILL	SSON TOD CT 3	4609			
TITLE		☐ Defete	TITLE		,	,		☐ Change	Addition	
NAME STREET ADDRESS			NAME Street address	.		ogoso				
CITY-ST-ZIP			CITY-ST-ZIP		10/04	/080103	8012	**51	. 25	
TITLE		☐ Delete	DTLE	1				Change	Addition	
NAME STREET ADDRESS	-		NAME STREET ANDRESS	. [						
CITY-ST-ZIP			STREET ADDRESS City-St-Zip	` [						
TITLE		☐ Delete	TITLE	1				Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	·						
	I	h this filing does not qualify fo		contained in	Chapter 119	Florida Statutes	I further cer	rtify that the	information	
indicated of the cor	certify that the information supplied wit lon this report or supplemental report rporation or the receiver or trustee emp , or on an attachment with an address,	is true and accurate and that no powered to execute this report	signature shall as required by C	have the sar hapter 607, F	me legal effect lorida Statutes	as if made under and that my name	oath; that I ne appears	am an office in Block 10 c	r or director or Block 11 if	
changed.	, or on an attackment with an address,	with all othersike empowered								
SIGNAT	URE: ( atelen?)	( ( avan 1			9-	-12-06 Date 3	35	2.688	7616	
	TSIGNATURE AND TYPED OR	PHINTED NAME OF SIGNING OF ICER	OR DIRECTOR.			Date-3		Daytime Phone #	N	
	Carried Man, 13 ED AN	IVWIL OF GIGHING TO THE	pingo (cm-			Date -		⇔щувно гтихие #	··-	

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