

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90369 021 ***158.75

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03312006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2612208

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HACKETT, JACK O., II, ESQUIRE
99 NESBIT STREET
PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VS
NAME KOCUR, CHARLES L JR
STREET ADDRESS 27320 EGRET PL.
CITY-ST-ZIP PUNTA GORDA, FL 33983 ☐ Delete

TITLE V
NAME KOCUR, CHARLES L., JR.
STREET ADDRESS 27320 EGRET PL
CITY-ST-ZIP PUNTA GORDA, FL 33983 ☒ Delete

TITLE P
NAME ROSS, DONALD H
STREET ADDRESS 2579 N. TOLEDO BLADE BOULEVARD
CITY-ST-ZIP NORTH PORT, FL 34289 ☐ Delete

TITLE VT
NAME CLANCEY, FRANCIS J
STREET ADDRESS 4314 LONGCHAMP DR
CITY-ST-ZIP SARASOTA, FL 33946 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD H. ROSS, PRESIDENT

Date

Daytime Phone #

4/6/06 941 426 7878