

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L74738
1. Entity Name
MARK LAPRADE & ASSOCIATES, INC.



Principal Place of Business
**7174 SPORTSMANS DRIVE
NORTH LAUDERDALE FL 33068-5400**

Mailing Address
**7174 SPORTSMANS DRIVE
NORTH LAUDERDALE FL 33068-5400**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE OR2E034 (10/05)

4. FEI Number **65-0193969** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**LAPRADE, MARK
7174 SPORTSMANS DRIVE
NORTH LAUDERDALE FL 33068**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 0 Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BENTO, RONALD	
STREET ADDRESS	7174 SPORTSMANS DR.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE	D	☐ Delete
NAME	LAPRADE, MARK	
STREET ADDRESS	7174 SPORTSMANS DR.	
CITY-ST-ZIP	N. LAUDERDALE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Add
NAME	U00000402281	
STREET ADDRESS	02/03/06-80001-004	
CITY-ST-ZIP	150.00	
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mark P. LaPrade* **MARK P. LaPRADE** **01/24/2006** **(954) 720-8920**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #