

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-02-2006 90145 041 ***150.00

DOCUMENT # P05000051333 1. Entity Name ANTEY, INC.					
Principal Place of Business 625 COURT STREET, SUITE 200 CLEARWATER FL 33756			Mailing Address 625 COURT STREET, SUITE 200 CLEARWATER FL 33756		
2. Principal Place of Business 9554 Tripp av Suite, Apt. #, etc. Skokie IL		3. Mailing Address 9554 Tripp av Suite, Apt. #, etc. Skokie IL			
City & State 60076 USA		City & State 60076 USA		4. FEI Number 74-3143172	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET, SUITE 200 CLEARWATER FL 33756			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: <u>Natalie Shepeleuko</u> DATE: <u>01.18.2006</u> Signatures, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)					
FINE 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEPELENKO, NATALIE 9554 TRIPP AVENUE SKOKIE IL 60076		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GLEN, ALLA 625 COURT STREET, SUITE 200 CLEARWATER FL 33756		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 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: <u>Natalie Shepeleuko</u>			DATE: <u>01.18.2006</u>		