


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90014 009 \*\*\*150.00

<b>DOCUMENT # P04000137284</b> 1. Entity Name <b>THOENEN, INC.</b>																													
Principal Place of Business <b>3705 SW 42ND AVENUE, SUITE 9 GAINESVILLE, FL 32608</b>			Mailing Address <b>3705 SW 42ND AVENUE, SUITE 9 GAINESVILLE, FL 32608</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
<b>THOENEN, ROBERT L 3705 SW 42ND AVENUE, SUITE 9 GAINESVILLE, FL 32608</b>				Name																									
				Street Address (P.O. Box Number is Not Acceptable)																									
				City																									
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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><i>Robert Thoenen</i></u> <b>ROBERT THOENEN, PRESIDENT</b> <span style="float: right;">2/20/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																										
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOENEN, ROBERT L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3705 SW 42ND AVENUE, SUITE 9</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>GAINESVILLE, FL 32608</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOENEN, CHRISTY N</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3705 SW 42ND AVENUE, SUITE 9</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>GAINESVILLE, FL 32608</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	THOENEN, ROBERT L		STREET ADDRESS	3705 SW 42ND AVENUE, SUITE 9		CITY - ST - ZIP	GAINESVILLE, FL 32608		TITLE	D	<input type="checkbox"/> Delete	NAME	THOENEN, CHRISTY N		STREET ADDRESS	3705 SW 42ND AVENUE, SUITE 9		CITY - ST - ZIP	GAINESVILLE, FL 32608	
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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: <u><i>Robert Thoenen</i></u> <b>ROBERT THOENEN, PRESIDENT</b> <span style="float: right;">2/20/06 (352) 336-1618</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													