

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90241 001 \*1,350.00

**DOCUMENT # 339454**

1. Entity Name  
**6823 CORPORATION**



Principal Place of Business  
**6823 N OCEAN BLVD  
OCEAN RIDGE, FL 33435**

Mailing Address  
**6823 N OCEAN BLVD  
OCEAN RIDGE, FL 33435**

**66010901**



2. Principal Place of Business

3. Mailing Address

**6855 N Ocean Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192006

Chg-P

CR2E034 (11/05)

City & State

City & State

**Ocean Ridge, FL 33435**

4. FEI Number

**59-1320328**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33435**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, CAROL GM  
OCEAN RIDGE MANAGEMENT, INC.  
6849 N. OCEAN BLVD.  
OCEAN RIDGE, FL 33435**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**6855 N. Ocean Blvd.**

City

**Ocean Ridge**

FL

Zip Code

**33435**

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-11-06**

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 **S** ☒ Delete  
NAME **ANDRAS, IOAN**  
STREET ADDRESS **6849 N. OCEAN BLVD.**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **PO** ☐ Delete  
NAME **TOD, DAVID**  
STREET ADDRESS **6849 N. OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **PO** ☐ Delete  
NAME **VALENTINE, HENRY**  
STREET ADDRESS **6849 N. OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **PO** ☐ Delete  
NAME **CUTTING, JOHN MRS.**  
STREET ADDRESS **6849 N. OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **VPD** ☐ Delete  
NAME **AHLEFELDT, LOUISE**  
STREET ADDRESS **6849 N. OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **D** ☐ Delete  
NAME **OLD, JONATHAN**  
STREET ADDRESS **6849 N. OCEAN BLVD**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Change ☒ Addition  
NAME **Harrison, Carol**  
STREET ADDRESS **6855 N. Ocean Blvd.**  
CITY-ST-ZIP **Ocean Ridge, FL 33435**

TITLE **D** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS **6823 N Ocean Blvd.**  
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS **6823 N. Ocean Blvd.**  
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS **6823 N. Ocean Blvd.**  
CITY-ST-ZIP

TITLE **PO** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS **6823 N. Ocean Blvd.**  
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition  
NAME   
STREET ADDRESS **6823 N. Ocean Blvd.**  
CITY-ST-ZIP

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

**4-11-06 561-737-6770**

Date

Daytime Phone #