

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 022 ***150.00

DOCUMENT # 397695

1. Entity Name
3217 COLONY CLUB RD., INC



Principal Place of Business
3217 COLONY CLUB ROAD
APT. 3
POMPANO BEACH, FL 33062

Mailing Address
3217 COLONY CLUB ROAD
APT. 3
POMPANO BEACH, FL 33062

60009355



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIDER, RHODA
3217 COLONY CLUB ROAD
APT. 3
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SCARFF, WILLIAM N
STREET ADDRESS 411 N. DAYTON - LAKEVIEW ROAD
CITY-ST-ZIP NEW CARLISLE, OH 453442149

TITLE TD
NAME SCHREIDER, RHODA
STREET ADDRESS 3217 COLONY CLUB ROAD, APT. 3
CITY-ST-ZIP POMPANO BEACH, FL 33062

TITLE D
NAME DOUBLIER, RENE
STREET ADDRESS 181 FEARRINGTON POST
CITY-ST-ZIP PITTSBORO, NC 27312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RHODA SCHREIDER 1/08/06 761-1577

Date

Daytime Phone #