

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 20, 2006 08:00 AM  
Secretary of State



1st MOORE

CR2E034 (10/05)

4. FEI Number **59-1423954**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

LIEWALD (LOIS A.)  
4800 SNEAD ISLAND ROAD  
PALMETTO FL 34221

## 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

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

(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 Be  
Trust Fund Contribution. ☐ Added to Fees

## 10. OFFICERS AND DIRECTORS

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | PT                  | <input type="checkbox"/> Delete |
| NAME            | LIEWALD, CHARLES R. |                                 |
| STREET ADDRESS  | 1650 - 1ST AVE W    |                                 |
| CITY - ST - ZIP | BRADENTON FL 34205  |                                 |
| TITLE           | VS                  | <input type="checkbox"/> Delete |
| NAME            | LIEWALD, LOIS A.    |                                 |
| STREET ADDRESS  | 1650 - 1ST AVE W    |                                 |
| CITY - ST - ZIP | BRADENTON FL 34205  |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |
| TITLE           |                     | <input type="checkbox"/> Delete |
| NAME            |                     |                                 |
| STREET ADDRESS  |                     |                                 |
| CITY - ST - ZIP |                     |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                           |  |
|-----------------|---------------------------|--|
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            | 000000520658              |  |
| STREET ADDRESS  | 05/02/06-80105-003 150.00 |  |
| CITY - ST - ZIP |                           |  |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |                           |  |
| STREET ADDRESS  |                           |  |
| CITY - ST - ZIP |                           |  |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |                           |  |
| STREET ADDRESS  |                           |  |
| CITY - ST - ZIP |                           |  |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |                           |  |
| STREET ADDRESS  |                           |  |
| CITY - ST - ZIP |                           |  |
| TITLE           |                           | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2006 - 941-748-5500

Date

Daytime Phone #