

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 047 ***150.00

DOCUMENT # 564488

1. Entity Name

FEHLHABER CORPORATION



Principal Place of Business

2020 W MCNAB ROAD
FT LAUDERDALE FL 33309

Mailing Address

2020 W MCNAB ROAD
FT LAUDERDALE FL 33309



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1493240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

FEHLHABER, ROBERT F
2020 W MCNAB ROAD
FT LAUDERDALE FL 33309

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, 2007 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

TITLE: PST
NAME: FEHLHABER, ROBERT F
STREET ADDRESS: 2020 W. MCNAB ROAD
CITY- ST- ZIP: FT LAUDERDALE, FL 0 ☐ Delete

TITLE: D
NAME: FEHLHABER, ROBERT F.
STREET ADDRESS: 2020 W. MCNAB ROAD
CITY- ST- ZIP: FT LAUDERDALE, FL 0 ☐ Delete

TITLE: D
NAME: EATON, LILA A.
STREET ADDRESS: 2020 W. MCNAB ROAD
CITY- ST- ZIP: FT. LAUDERDALE FL ☒ Delete

TITLE: VD
NAME: FEHLHABER, JULIANA
STREET ADDRESS: 2020 W MCNAB ROAD
CITY- ST- ZIP: FT LAUDERDALE FL ☐ Delete

TITLE: D
NAME: COSTELLO, THOMAS M
STREET ADDRESS: 1300 N FEDERAL HIGHWAY
CITY- ST- ZIP: BOCA RATON FL 33432 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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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:

Juliana Fehlhaber VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/07 954 971-3821