

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 049 ***150 00



600000 -

Figure 1

DO NOT WRITE IN THIS SPACE

01092006 No Chq-P CR2E034 (11/05)

4. FEI Number 59-1911370	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

WAKSLER, BARBARA
142 SE LELAND ST.
PORT CHARLOTTE, FL 33952

**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: Carbara Hester 1-19-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
--	--	--

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAKSLER, MORTON 142 SE LELAND ST. PORT CHARLOTTE, FL <i>delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKSLER, BARBARA 142 SE LELAND ST. PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAKSLER, JOSEPH 160 HERONS CT PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WAKSLER, GERI 160 HARBOR CT PORT CHARLOTTE, FL 33952
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: BARBARA WAKSLER Barbara Waksler 1-19-16 944-625-7449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
944-625-1454
OFFICE



ATTACHMENT
60006684
#6079166
LORICCO, CROSLAND, JOINER, SCHORTZ & COMPANY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

EXCELLENCE SINCE 1973

CARLO J. LORICCO, C.P.A.
BRIAN W. CROSLAND, C.P.A.
J. SCOTT JOINER, C.P.A., C.V.A.
JOSEPH R. SCHORTZ, C.P.A. (FL & N.J.)

KIMBERLY R. TARTAGLIONE
ALLYSON M. NEWKIRK
ERIC T. BLEDSOE
KRISTIE E. WELLS
GREG M. HILL, C.P.A. (FL & NC)
DARA B. SORAH, C.P.A.

**AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS**

**FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS**

**AMERICAN SOCIETY OF
PENSION PROFESSIONALS
& ACTUARIES**

**NATIONAL ASSOCIATION OF
CERTIFIED VALUATION ANALYSTS**

RE: CORPORATION ANNUAL REPORT INSTRUCTIONS

Dear Joe:

Please follow the instructions on the attached postcard you received. You have three options on how to file your Corporation Annual Report. After deciding which option you prefer, follow the steps below as applicable:

- Choose to file online, download form for completion or send postcard back to receive a form by mail. Whichever option is chosen, file **on or before May 1, 2006.**
- Verify that the preprinted information is correct. Make any necessary changes. If you have changes, make them as follows:
 - Principal place of business and mailing address – Line 2
 - Name and address of registered agent – Line 6
 - Officers and directors – Line 10
- Line 12: Sign and type or print name of signing officer or director, date and provide a daytime telephone number.
- Make a check payable to the Department of State in the amount of \$150.00.
- If filed after May 1st, the fee will be \$550.00.
- Keep a copy for your records.

Sincerely,

Ellen M. Candelaria
For the Firm

Attachment