

2006-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90413 001 ***150.00

DOCUMENT # F01000000424

1. Entity Name

GIRINDUS SALES CORPORTION



Principal Place of Business

**34650 US HWY 19 N
STE 208
PALM HARBOR FL 34684-2156
US**

Mailing Address

**34650 US HWY 19 N
STE 208
PALM HARBOR FL 34684-2156
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

13-4153718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name **George K. Guida**

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

1106 N. Franklin Street

City **Tampa**

FL

Zip Code **33602**

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LINK, ROBERT F**
STREET ADDRESS **34650 U.S. HIGHWAY 19 NORTH, SUITE 208**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **V/D** ☐ Change ☒ Addition
NAME **McParland, Greg**
STREET ADDRESS **34650 U.S. Highway 19 North, Suite 208**
CITY-ST-ZIP **Palm Harbor FL 34684**

TITLE **S** ☐ Delete
NAME **DETJEN, DAVID W**
STREET ADDRESS **90 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10016**

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

TITLE **TD** ☐ Delete
NAME **LINK, ROBERT F**
STREET ADDRESS **34650 U.S. HIGHWAY 19 NORTH, SUITE 208**
CITY-ST-ZIP **PALM HARBOR FL 34684**

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

TITLE **D** ☐ Delete
NAME **SAUDER, JUERG**
STREET ADDRESS **RUE ABBE BOVET 12**
CITY-ST-ZIP **CH-1700,FRIBOURG,SWITZERLAND**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Robert F. Link

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2006

Date

Daytime Phone #