

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90004 013 ***150.00

DOCUMENT # F04000005246



1. Entity Name

5 X 5, INC.

Principal Place of Business

32535 WOLF BRANCH LANE
SORRENTO FL 32776

Mailing Address

3N040 POWIS RD
WEST CHICAGO IL 60185



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

32535 WOLF BRANCH LN

Suite Apt # etc

2nd MOORE

CR2E034 (4/06)

City & State

SORRENTO FL

4. FEI Number 36-2810974

Applied For

Not Applicable

Zip

Country

Zip

32776

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRINGTON, DONALD D
32535 WOLF BRANCH LN
SORRENTO FL 32776

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 restateating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME HARRINGTON, DONALD D
STREET ADDRESS 32535 WOLF BRANCH LANE
CITY - ST - ZIP SORRENTO FL 32776 ☐ Delete

TITLE V
NAME MAGNO, SHERRY
STREET ADDRESS 32535 WOLF BRANCH LANE
CITY - ST - ZIP SORRENTO FL 32776 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP ☐ Change ☐ Addition

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

Sherry Magno

8/2/06 352-385-0092

Date

Daytime Phone #