

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90050 013 \*\*\*150.00

**DOCUMENT # F05000004209**

1. Entity Name

**BUSINESS DIRECTIONS, INC.**



Principal Place of Business

**8631 N. 84TH PLACE  
SCOTTSDALE AZ 85258**

Mailing Address

**8631 N. 84TH PLACE  
SCOTTSDALE AZ 85258**

2. Principal Place of Business

**2900 W. SAMPLE RD  
Suite, Apt. #, etc.  
B 3509**

3. Mailing Address

**2900 W. SAMPLE RD  
Suite, Apt. #, etc.  
B 3509**

City & State

**POMPANO BEACH**

City & State

**POMPANO BEACH**

4. FEI Number

**86-0565148**

Applied For

Not Applicable

Zip

**33073-3026**

Country

**USA**

Zip

**33073-3026**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SAGMAN, A.J.  
6444 LA COSTA DRIVE #104  
BOCA RATON FL 33433**

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  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	SAGMAN, RICHARD	
STREET ADDRESS	8631 N. 84TH PLACE	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	
TITLE	VVC	<input type="checkbox"/> Delete
NAME	SAGMAN, A.J.	
STREET ADDRESS	6444 LA COSTA DRIVE #104	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAGMAN, JOAN	
STREET ADDRESS	8631 N. 84TH PLACE	
CITY-ST-ZIP	SCOTTSDALE AZ 85258	
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*AJ Sagan*

1-30-06 561-362-7087