


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90016 016 ***150.00

DOCUMENT # F16172 1. Entity Name THE BAUMGARTNER COMPANY					
Principal Place of Business 101 NORTH WOODLAND BOULEVARD SUITE 100 DELAND, FL 32720 US			Mailing Address 101 NORTH WOODLAND BOULEVARD SUITE 100 DELAND, FL 32720 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAUMGARTNER, ROGER B. 101 NORTH WOODLAND BOULEVARD SUITE 100 DELAND, FL 32720			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAUMGARTNER, ROGER B. 2300 PIN OAK DR DELAND, FL 32720 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BAUMGARTNER, TROY 110 COUNTRY CLUB RD DELAND, FL 32724 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OLDAKER, ANGELIC M 1725 MONASTERY RD ORANGE CITY, FL 32763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Roger B Baumgartner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>3/14/06</i> <small>Date</small>		<i>386.734.1665</i> <small>Daytime Phone #</small>

50004861



03062006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2388641** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



ATTACHMENT
50004861
#F16172

Robert L. Cohen, CPA (1934 - 1996)
George S. Smith III, CPA
Michael W. Brooks, CPA

**FILING INSTRUCTIONS
FOR 2006 PROFIT CORPORATION
ANNUAL REPORT**

CLIENT The Baumgartner Company

DATE March 6, 2006

ITEMS MARKED "X" REQUIRE YOUR ATTENTION.

☒ DATE DUE May 1, 2006

☒ FEE DUE \$150.00 Attach a check payable to the "Florida Department of State".
Indicate your employer identification number on the check.

☒ SIGNATURE The return should be signed and dated by an officer or director as indicated on the front page (Box #12).

☒ MAIL TO DIVISION OF CORPORATIONS
Post Office Box 6198
Tallahassee, Florida 32314
(We have provided a pre-addressed envelope for your convenience.)

☒ COPY Retain the "Client Copy" for your files.

☐ SPECIAL