

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90033 006 \*\*\*150.00

<b>DOCUMENT # F78524</b> 1. Entity Name <b>VON PHISTER, INC.</b>			
Principal Place of Business <b>C/O JAMES T. HENDRICK 317 WHITEHEAD STREET KEY WEST, FL 33040</b>		Mailing Address <b>C/O JAMES T. HENDRICK 317 WHITEHEAD STREET KEY WEST, FL 33040</b>	
2. Principal Place of Business <b>C/O JOSEPH M. ALBURY</b> Suite, Apt. #, etc. <b>309 WHITEHEAD ST.</b> City & State <b>KEY WEST, FL</b> Zip <b>33040</b>		3. Mailing Address <b>C/O JOSEPH M. ALBURY</b> Suite, Apt. #, etc. <b>309 WHITEHEAD ST.</b> City & State <b>KEY WEST, FL</b> Zip <b>33040</b>	
4. FEI Number <b>59-0226104</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HENDRICK, JAMES T 317 WHITEHEAD STREET KEY WEST, FL 33040</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HENDRICK, JAMES T 317 WHITEHEAD ST KEY WEST, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P ALBURY, JOSEPH M. 309 WHITEHEAD ST. KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDRICK, JAMES T. 317 WHITEHEAD ST. KEY WEST, FL 33040
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
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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 an other like empowered.			
SIGNATURE: <b>Joseph M. Albury</b> 2/16/06 (305)296-1147 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			