

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003815

1. Entity Name
THE CHURCHILL BENEFIT CORPORATION



Principal Place of Business
100 E. LINTON BLVD., STE. 401-A
DELRAY BEACH, FL 33483

Mailing Address
100 E. LINTON BLVD., STE. 401-A
DELRAY BEACH, FL 33483



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-2747692

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS:

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
BAHR, KARINA
100 E. LINTON BLVD., STE. 401-A
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
BAHR, WILLIAM
100 E. LINTON BLVD., STE. 401-A
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
STD
MCCANN, RICHARD
100 E. LINTON BLVD., STE. 401-A
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000431680
02/23/06-80037-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #