

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90190 010 ***150.00

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04212006 Chg-P CR2E034 (11/05)

4. FEI Number **13-3206697** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEM
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	PLEMARONS, JODEE	
STREET ADDRESS	2424 RTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KENDZIERA, CRAIG	
STREET ADDRESS	2424 RTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE	VT	<input type="checkbox"/> Delete
NAME	STEENHUISEN, ROBERT	
STREET ADDRESS	2424 RTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	PLEMUGRONS, JODCE	
STREET ADDRESS	2424 RTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICKARDS, T. RAYMOND	
STREET ADDRESS	2424 RTE 52	
CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Plemmons, Jodee	
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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR