


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H10199**  
 1. Entity Name  
**I.A.R. CORPORATION**



Principal Place of Business  
**P.O. BOX 20589**  
**SARASOTA, FL 34276 US**

Mailing Address  
**POST OFFICE BOX 20589**  
**SARASOTA, FL 34276 US**

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**NOT APPLICABLE** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSTEIN, ARNOLD**  
**4613 S. TAMiami TRAIL**  
**SARASOTA, FL 34231**

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

**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**

1100001456735  
 03/15/06-80042-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERNSTEIN, ARNOLD P.O. BOX 20589 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLLEEN, CASSIDY P.O. BOX 20589 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLLEEN, CASSIDY P.O. BOX 20589 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERNSTEIN, ARNOLD P.O. BOX 20589 SARASOTA, FL 34276
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 like empowered.

**SIGNATURE:** \_\_\_\_\_ **2/6/06** **941 9245224**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #