


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 23, 2006 08:00 AM
Secretary of State

| | | | |
|--|---|---|---|
| DOCUMENT # J12754 1. Entity Name JOHN ANTWEILER, INC. | |  | |
| <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Principal Place of Business % JOHN ANTWEILER 250 SE 8TH CT POMPANO BEACH, FL 33060 </td> <td style="width: 50%; vertical-align: top;"> Mailing Address % JOHN ANTWEILER 250 SE 8TH CT POMPANO BEACH, FL 33060 </td> </tr> </table> | | | Principal Place of Business % JOHN ANTWEILER 250 SE 8TH CT POMPANO BEACH, FL 33060 |
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| <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> | | | |
| 6. Name and Address of Current Registered Agent ANTWEILER, JOHN 250 SE 8TH CT POMPANO BEACH, FL 33060 | | <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> | |
| 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 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 | | | |
| TITLE | PD | <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> | |
| NAME | ANTWEILER, JOHN | | |
| STREET ADDRESS | 250 SE 8TH CT | | |
| CITY-ST-ZIP | POMPANO BEACH, FL | | |
| TITLE | SD | | |
| NAME | ANTWEILER, JUDY | | |
| STREET ADDRESS | 250 SE 8TH CT | <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> | |
| CITY-ST-ZIP | POMPANO BEACH, FL | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2> | |
| NAME | | | |
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| NAME | | | |
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| CITY-ST-ZIP | | | |
| TITLE | | | |
| 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: <u>John Antweiler</u> <u>JOHN ANTWEILER</u> <u>1/18/06</u> <u>954 942 8590</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |



01122006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2681479 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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01/25/06-P0036-005 150.00