## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 25, 2006 8:00 am Secretary of State 01-25-2006 90023 019 \*\*\*150.00

1. Entity Name	MENT # J170 N A. BOOKBINDER									
Principal Place of Business 3210 SW 33RD RD 102 OCALA, FL 34474			Mailing Address 3210 SW 33RD RD 102 0CALA, FL 34474			40005808				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01192006	Chg-P	CR2EC	34 (11/05)	
City & State			City & State			4. FEI Numbe 59-2760				plied For t Applicable
Zip	Country		Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Required	
5. Name and Address of Current R			itered Agent	Name	7. Name and Address of New Registered Agent					
BOOKBINI 3210 SW 3 102 OCALA, FI					Name Street Address City	(P.O. Box Numbe	ar is Not Acceptable	FL	Zip Code	9
	named entity submits this lions of registered agent. Signature, typed or printed name of				ed office or registe		h, in the State of Fic	prida, I am	tamiliar with,	and accept
After M	E NOW!!! FEE IS \$1 ay 1, 2006 Fee will	be \$550.00	9. Election Campa Trust Fund Con	tribution.	Ăd 🗆	5.00 May Be Ided to Fees				
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD BOOKBINDER, STEF 3210 SW 33RD RD # OCALA, FL 34474		CTORS Delete		E	ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOOKBINDER, LIND 5464 SW 30TH AVEN OCALA, FL 34474	A UE	☐ Delate		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Detete						Change	Addition
TITLE NAMÉ STREET ADORESS CITY+ST-ZIP			☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	a de	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
12. I hereby indicated of the co-	certify that the information d on this report or supplem proporation or the receiver of d, or on an attachment with	supplied with this ental report is true trustee empower an address, with a	filing does not qualify and accurate and that ad to execute this repoint other like empowered in the state of	for the ex my signa t as requ	comptions contain sture shall have th iired by Chapter 6	ned in Chapter 119 le same legal effe 607, Florida Statute	9, Florida Statutes, ct as if made under es; and that my nan	I further ce oath; that ne appears	ertify that the i I am an office in Block 10 o	nformation or director or Block 11 if