

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# J66432

Entity Name: STAHARIT, INC.

**FILED**  
**Nov 03, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

241 OMAHA ST. COUNTY ROAD 1  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

241 OMAHA ST. COUNTY ROAD 1  
PALM HARBOR, FL 34683

**New Mailing Address:**

FEI Number: 59-2927514

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIAS, DANA  
614 FAIR OAKS DR.  
TARPO SPRINGS, FL 34689 US

**Name and Address of New Registered Agent:**

FRATICELLI, H C  
241 OMAHA ST  
PALM HARBOR, FL 34683 US

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.

SIGNATURE: HARRIET C FRATICELLI

11/03/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TRIAS, DANA  
Address: 614 FAIR OAKS DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FRATICELLI, H C  
Address: 241 OMAHA ST  
City-St-Zip: PALM HARBOR, FL 34683

Title: DIR ( ) Change (X) Addition  
Name: TRIAS, DANA  
Address: 614 FAIROAKS DR.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SEC ( ) Change (X) Addition  
Name: SCRIPTURE, DONALD C  
Address: 14706 POTTERTON CIR.  
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRIET C FRATICELLI

PRES

11/03/2006

Electronic Signature of Signing Officer or Director

Date