

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 26, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # M58736**

1. Entity Name  
**BACHELOR & ASSOCIATES, INC.**



Principal Place of Business  
**10235 W SAMPLE ROAD  
205  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**10235 W SAMPLE ROAD  
205  
CORAL SPRINGS, FL 33065 US**



01222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0007764** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BACHELOR, INGRID  
10235 W SAMPLE ROAD STE 205  
CORAL SPRINGS, FL 33065**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE \_\_\_\_\_

**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**

1100000402353  
02/03/06 80005-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **BACHELOR, INGRID**  
STREET ADDRESS **10235 W SAMPE ROAD STE 205**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE **D**  
NAME **BACHELOR, BYRON**  
STREET ADDRESS **10235 W SAMPLE ROAD STE 205**  
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]* **BYRON BACHELOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06  
Date

752 2758  
Daytime Phone #