

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90004 033 ***150.00

40101617



06132006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1147570 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

REID, DONALD O
2580 SOUTH MILITARY TRAIL #B
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Donald O Reid. DONALD O REID DATE 08/10/06
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REID, DONALD O SR	
STREET ADDRESS	2580 SOUTH MILITARY TRAIL #B	
CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE	VDC	<input type="checkbox"/> Delete
NAME	BADIE, PAULINE	
STREET ADDRESS	3170 WINDWARD LANE	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	M	<input type="checkbox"/> Delete
NAME	PERRIEL, BARRY	
STREET ADDRESS	570 SOUTH BROADWAY	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE	TVM	<input type="checkbox"/> Delete
NAME	MOODIE, MARCIA	
STREET ADDRESS	417 N.W. 2ND STREET	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE	T	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHELLE	
STREET ADDRESS	417 NORTH 4TH STREET, APT 1	
CITY-ST-ZIP	LANTANA, FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANES, SHAWNA	
STREET ADDRESS	417 N.W. 2nd Street	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Donald O Reid. DONALD O REID DATE 08/10/06 DAYTIME PHONE # 561-432-8559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR