

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # N03000002458

1. Entity Name

LAURA BETH FERGUSON GROUP, INC.



Principal Place of Business

460 HORIZONS WEST, APT. 201
BOYNTON BCH, FL 33435

Mailing Address

460 HORIZONS WEST, APT. 201
BOYNTON BCH, FL 33435



01162006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

75-3116007

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERGUSON, M.C.
460 HORIZONS WEST, APT. 201
BOYNTON BCH, FL 33435

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BOWE, KATE F
STREET ADDRESS	302 FOREST AVE.
CITY- ST- ZIP	LOCUST VALLEY, NY 11560
TITLE	D
NAME	FERGUSON, M.C.D.
STREET ADDRESS	1517 PINWOOD DR. NE
CITY- ST- ZIP	PALM BAY, FL 32905
TITLE	D
NAME	BENNETT, BRETT A
STREET ADDRESS	4433 NORTH PAULINA APT 3
CITY- ST- ZIP	CHICAGO, IL 60640
TITLE	ED
NAME	FERGUSON, M.C.
STREET ADDRESS	460 HORIZONS WEST, APT 201
CITY- ST- ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/06/06-80063-023 61.25

**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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2006

Date

561-732-3753

Daytime Phone #