


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

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000000373</b> 1. Entity Name <b>FOR, INC.</b>	
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Principal Place of Business <b>5901 SW 160TH AVENUE SOUTHWEST RANCHES, FL 33331</b>	Mailing Address <b>5101 SW 145TH AVENUE SOUTHWEST RANCHES, FL 33331</b>
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03202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2121966</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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

**CHAPLES, MARYGAY  
5901 SW 160TH AVENUE  
SOUTHWEST RANCHES, FL 33331**

**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

1000000478310  
04/07/06-80026-020 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P CHAPLES, MARY G 5901 SW 160TH AVENUE SOUTHWEST RANCHES, FL 33331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V CIMETTA, KENNETH 18221 SW 52ND CT SOUTHWEST RANCHES, FL 33331</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ST SAYRE, LILY Z 5101 SW 145TH AVENUE SOUTHWEST RANCHES, FL 33330</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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:**  **See. Treas.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/21/06 954-434-3984**  
Date Daytime Phone #