2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/6

FILED
Mar 17, 2006 8:00 am
Secretary of State
02-06-2006 90068 032 ****61.25

DOCUMENT # N05000010209

1. Entity Name
F.J.H.S.R.A - WRANGLER DIVISION, INC.

Principal Place of Business	Mailing Address
8423 FT KING RD ZEPHYRHILLS, FL 33541	8423 FT KING RD ZEPHYRHILLS, FL 33541

01252006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3676975 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OAKLEY, TAMARA 8423 FT KING RD ZEPHYRHILLS, FL 33541	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Darren Summers ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Elizabeth Windsor ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Tamara Oakley ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Tamara Oakley 03-01-06 8137140490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

See attached for officer addresses.

ATTACHMENT

660057 19

Division of Corporations

Annual Report

Annual Report Help

Document ~~Number~~
N05000010209
~~Business~~ Entity Name
F.J.H.S.R.A - WRANGLER DIVISION, INC.

FEI Number 20-3676975

FEI Number Status ○ Listed Above ○ Applied For ◉ Not Applicable

Certificate of Status Desired ○ Yes ◉ No $8.75 each

Election Campaign Financing Trust Fund Contribution ○ Yes ◉ No

Principal Place of Business

Address: 8423 FT KING RD

Suite, Apt. #, etc.:

City, State: ZEPHYRHILLS , FL

Zip Code & Country: 33541

Mailing Address

Address: 8423 FT KING RD

Suite, Apt. #, etc.:

City, State: ZEPHYRHILLS , FL

Zip Code & Country: 33541

Name and Address of Registered Agent

Name (Last, First, Middle, Title): OAKLEY , TAMARA , ,

- OR -

Business to serve as RA:

Address (PO Box is not acceptable): 8423 FT KING RD

Suite, Apt. #, etc.:

City, State: ZEPHYRHILLS , FL

Zip Code & Country: 33541 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title: P

Name (Last, First, Middle, Title): Summers, Darren, , Pres.

- OR -

Entity Name to serve as Officer/Director:

Street Address: 710 E. Main

City, State: Lake Butler, FL

Zip Code & Country: 32054 US

Title: VP

Name (Last, First, Middle, Title): Henry, Morgan, , V.P.

- OR -

Entity Name to serve as Officer/Director:

Street Address: 10987 Hwy 11

City, State: Bunnell, FL

Zip Code & Country: 32110 US

Title: S

Name (Last, First, Middle, Title): Windsor, Elizabeth, , Sec.

- OR -

Entity Name to serve as Officer/Director:

Street Address: 3176 Sunnyhill Drive

City, State: Brooksville, FL

Zip Code & Country: 34602 US

Title: Tr

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#N05000010209

Name (Last, First, Middle, Title) Oakley, Tamara, N, Treas

- OR -

Entity Name to serve as Officer/Director

Street Address 8423 Ft. King Rd.

City, State Zephyrhills, FL

Zip Code & Country 33541 US

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title Treas.Tr

Officer/Director Signature Tamara N. Oakley

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue Reset