

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90068 044 \*\*\*\*61.25

<b>DOCUMENT # N93000003502</b>					
<b>1. Entity Name</b> LADIES AND GENTS, INC.					
<b>Principal Place of Business</b> 6730 NE KENSINGTON DR WINTER HAVEN, FL 33881    US			<b>Mailing Address</b> 6730 NE KENSINGTON DR WINTER HAVEN, FL 33881    US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3219069	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> BERRELL, THOMAS E 6730 NE KENSINGTON DR WINTER HAVEN, FL 33881				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> DP	<b>NAME</b> BERRELL, THOMAS E		<b>TITLE</b> DV	<b>NAME</b> [Blank]	
<b>STREET ADDRESS</b> 6730 NE KENSINGTON DR	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DT	<b>NAME</b> NELSON, GRACE		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 6819 LAKE HENRY DR NE	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DV	<b>NAME</b> ARLENE, PATTI		<b>TITLE</b> DP	<b>NAME</b>	
<b>STREET ADDRESS</b> 6630 PRINCETON DR. NE	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> SCHWANDA, PAM		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 6694 BRIAR HILL DR	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> MORGANSTERN, MARY		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 6634 PRINCETON DR NE	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<b>NAME</b> KAISER, GEORGE		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 6652 PRINCETON DR NE	<b>CITY-ST-ZIP</b> WINTER HAVEN, FL 33881		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Jan. 25, 2006 <small>Date Daytime Phone #</small>		

ATTACHMENT 40007236  
#N9300003502

TITLE TITLE  
TITLE D delete

NAME ZEVA CLARK  
ST. ADDR. 6785 BRENTWOOD DR. NE  
CITY-ST ZIP WINTER HAVEN FL 33881

TITLE D ADD. ADD  
change

NAME DONNA BAUM  
ST. ADDR. 6667 BRIMFIELD DR. NE  
CITY-ST ZIP WINTER HAVEN FL 33881