


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90362 035 ***150.00

DOCUMENT # P00000024148	
1. Entity Name TOWARD EFFECTIVE MANAGEMENT, INC.	

Principal Place of Business 4893 SABAL LAKE CIRCLE SARASOTA, FL 34238	Mailing Address 4893 SABAL LAKE CIRCLE SARASOTA, FL 34238
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60029790



2. Principal Place of Business 8301 MARIE LANE Suite, Apt. #, etc.	3. Mailing Address 8301 MARIE LANE Suite, Apt. #, etc.
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04062006 Chg-P CR2E034 (11/05)

City & State ELLENTON FL	City & State ELLENTON FL
Zip 34222	Country
Zip 34222	Country

4. FEI Number 94-3354321	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARTMELL, DONALD 4893 SABAL LAKE CIRCLE SARASOTA, FL 34238	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8301 MARIE LANE City ELLENTON FL Zip Code 34222
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTMELL, DONALD V 4893 SABAL LAKE CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8301 MARIE LANE ELLENTON FL 34222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARTMELL, NELL 4893 SABAL LAKE CIRCLE SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8301 MARIE LANE ELLENTON FL 34222
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: 	Date  4/17-06 941-723-9926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #