

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90170 009 ***150.00

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1. Entity Name

HERE YE THERE YE COMPANY



Principal Place of Business

1313 S. MILITARY TRAIL, #181;
DEERFIELD BEACH, FL 33442

Mailing Address

1313 S. MILITARY TRAIL, #181;
DEERFIELD BEACH, FL 33442

4000000-



DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1114523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAHAR, SHARON E
1313 S. MILITARY TRAIL, #181;
DEERFIELD BEACH, FL 33442

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCEO
NAME	CLAHAR, SHARON E
STREET ADDRESS	1313 S. MILITARY TRAIL, #181;
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	P
NAME	CLAHAR, SHARON E
STREET ADDRESS	1313 S. MILITARY TRAIL, #181;
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	V
NAME	CLAHAR, SHARON E
STREET ADDRESS	1313 S. MILITARY TRAIL, #181;
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	S
NAME	CLAHAR, SHARON E
STREET ADDRESS	1313 S. MILITARY TRAIL, #181;
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	C
NAME	CLAHAR, SHARON E
STREET ADDRESS	1313 S. MILITARY TRAIL, #181;
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	T
NAME	CLAHAR, SHARON E
STREET ADDRESS	1313 S. MILITARY TRAIL, #181;
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442

**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 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:

Sharon Clahar SHARON CLAHAR, President 04/25/06 (954) 426-4192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #