

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

06 MAY -4 PM 12: 21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1153191 Applied For Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

EVERHARD, SUSAN W
1281 SOUTH VENETIAN WAY
MIAMI, FL 33139

**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

00075878573
05/06--01023--001 ***650.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, JEANNETTE E
STREET ADDRESS	2519 BOWEN ST.
CITY - ST - ZIP	OSHKOSH, WI 549012021
TITLE	D
NAME	EVERHARD, SUSAN W
STREET ADDRESS	1281 SOUTH VENETIAN WAY
CITY - ST - ZIP	MIAMI, FL 33139
TITLE	D
NAME	LAWRYK, ALEX
STREET ADDRESS	390 ALTON RD
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	LAWRYK, MARILYN
STREET ADDRESS	390 ALTON RD
CITY - ST - ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

Susan W. Everhard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date

(305) 532-8600

Daytime Phone #