

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90259 023 \*\*\*150.00

**DOCUMENT # P01000113445**

1. Entity Name

9 TO 18, INC.



Principal Place of Business

1980 N. ATLANTIC AVENUE  
SUITE 1024  
COCOA BEACH FL 32931

Mailing Address

BOX 488  
COCOA BEACH FL 32932



2. Principal Place of Business

750 N ATLANTIC

3. Mailing Address

BOX 320488

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

COCOA BCH, FL

City & State

COCOA BCH, FL

4. FEI Number

01-0600847

Applied For

Not Applicable

Zip

32931

Country

FLORIDA

Zip

32932

Country

FLORIDA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLES, KEN  
1980 N. ATLANTIC AVE  
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name ALLES KEN

Street Address (P.O. Box Number is Not Acceptable)

750 N. ATLANTIC

COC

City COCOA BCH

FL

Zip Code 32931

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ALLES, K.E.  
STREET ADDRESS 1980 N. ATLANTIC AVENUE, SUITE 1024  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE VPST ☐ Delete  
NAME WEYNERT, N.A.  
STREET ADDRESS 1980 N. ATLANTIC AVENUE, SUITE 1024  
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *K.E. Alles* K.E. ALLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 3214468711

Date

Daytime Phone #