

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90013 019 \*\*\*150.00

DOCUMENT # P02000009560

1. Entity Name  
TRACHTENBERG ENTERPRISE GROUP, INC.



Principal Place of Business  
10858 SOUTHEAST COUNTY ROAD 221  
STARKE, FL 32091

Mailing Address  
10858 SOUTHEAST COUNTY ROAD 221  
STARKE, FL 32091

50021032



2. Principal Place of Business  
4040 NE 49th Ave

3. Mailing Address  
4040 NE 49th Ave

Suite, Apt. #, etc.  
Gainesville, Florida

Suite, Apt. #, etc.  
Gainesville Florida

05212006 Chg-P CR2E034 (11/05)

City & State  
32609

City & State  
32609

4. FEI Number  
27-0000636

Applied For  
Not Applicable

Zip Country  
US

Zip Country  
US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRACHTENBERG, STEPHEN M  
5524 NW 67TH ST.  
GAINESVILLE, FL 32653

Name

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

City

FL

Zip Code

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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRES  
TRACHTENBERG, STEPHEN M  
5524 NW 67TH ST  
GAINESVILLE, FL 32653 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
TRACHTENBERG, NATALIE E  
5524 67TH ST  
GAINESVILLE, FL 32653 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Trachtenberg  
President

5/26/6 (352) 374-1900  
Date Daytime Phone #