

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

4. FCI Number **52-2369737** Applied For ☐ Not Applied ☐

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

6. Name and Address of Current Registered Agent

HEXAGON INTERNATIONAL, INC
PO BOX 736
LOUGHMAN FL 33858

7. Name and Address of New Registered Agent

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
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 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	HOLDING LESLIE	
STREET ADDRESS	2-6 AV HENRI BARBUSSE	
CITY-ST-ZIP	BOBIGNY FR 93000	
TITLE	PS	<input type="checkbox"/> Delete
NAME	CHOUCARD, JEAN LOUIS	
STREET ADDRESS	817 VERANDA PL	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	THEUIL, MARIEDOMINIQUE	
STREET ADDRESS	817 VERANDA PL	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/06

321 442 3448

Date

Daytime Phone #