

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000071730

1. Entity Name
TEETON OF BROWARD, INC.



FILED
Apr 24, 2006 08:00 AM
Secretary of State

Principal Place of Business
4350 W. SUNRISE BLVD., STE 103
PLANTATION, FL 33313

Mailing Address
4350 W. SUNRISE BLVD., STE 103
PLANTATION, FL 33313



03072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0471937

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, WILLIAM
4350 W. SUNRISE BLVD., STE 103
PLANTATION, FL 33313

**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)

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

9. Election Campaign Financing
True Fund Contribution ☐

\$5.00 May Be
Added to Fees

DATE
05/05/06-80011-007 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMS, ADAMS
4350 W. SUNRISE BLVD. SUITE 103
PLANTATION, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
ADAMS, NANCY
4350 W. SUNRISE BLVD SUITE 103
PLANTATION, FL 33313

TITLE

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #