2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000072681

1. Entity Name
ILLUSTRATED 5, INC.

Principal Place of Business
6177 JOG ROAD D6
LAKE WORTH, FL 33467

Mailing Address
6177 JOG ROAD D6
LAKE WORTH, FL 33467

01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREEN, MARIAN
6177 JOG ROAD D6
LAKE WORTH, FL 33467

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIGGS, DAN
STREET ADDRESS	116 CLEAVLAND ROAD
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	GREEN, MARIAN
STREET ADDRESS	6733 PALERMO WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	JACOBSON, ELAINE
STREET ADDRESS	1002 GREEN PIE BLVD. H-1
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	D
NAME	LEWIS, JOANNE
STREET ADDRESS	326 KNOTTY PINE CIRCLE D-1
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	SUMNER, SHARON
STREET ADDRESS	115 WEST PALM AVENUE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/18/06-80042-013 150.00

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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: Joanne K. Lewis JOANNE K LEWIS 3/29/06 561-969-6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #