

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000078617					
1. Entity Name THIRTY A INVESTMENT CO.					
Principal Place of Business 15650 ENSTROM RD WELLINGTON FL 33414			Mailing Address 15650 ENSTROM RD WELLINGTON FL 33414		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-3644153	
				☐ Applied For ☐ Not Applicable	
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	
MATHISON, STEPHEN S MATHISO 5606 PGA BLVD STE 211 PALM BEACH GARDENS FL 33418				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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable _____ 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 \$5.00 May Trust Fund Contribution. ☐ Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	U00000516807 ☐ Change ☐ Add 05/01/06-80019-008 150.00		
NAME	CHEFAN, STEVE	NAME			
STREET ADDRESS	15650 ENSTROM RD	STREET ADDRESS			
CITY- ST- ZIP	WELLINGTON FL 33414	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
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TITLE	☐ Delete	TITLE	☐ Change ☐ Add		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		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 _____ Date _____ Daytime Phone # _____