

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90026 006 ***150.00

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DOCUMENT # P02000101810 1. Entity Name BARBARA SCHARF, PA					
Principal Place of Business 5251 MERRIFIELD CT SPRING HILL, FL 34608			Mailing Address 5251 MERRIFIELD CT SPRING HILL, FL 34608		
2. Principal Place of Business 335 Highland Rd Suite, Apt. #, etc.		3. Mailing Address 335 Highland Rd Suite, Apt. #, etc.			
City & State Havana FL Zip 32333		City & State Havana FL Zip 32333		4. FEI Number 54-2077712	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHARF, BARBARA 5251 MERRIFIELD CT SPRING HILL, FL 34608			7. Name and Address of New Registered Agent Name Barbara Scharf Street Address (P.O. Box Number is Not Acceptable) 335 Highland Rd City Havana FL Zip Code 32333		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete SCHARF, BARBARA 5251 MERRIFIELD CT SPRING HILL, FL 34608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Scharf 335 Highland Rd Havana FL 32333	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Barbara Scharf PA</u> <u>Barbara Scharf</u> President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 2/14/06</small>					