

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90185 004 ***150.00

DOCUMENT # P03000035612

1. Entity Name

CIRCULATION DEPARTMENT, INC.



Principal Place of Business

1101 SIMONTON STREET
KEY WEST FL 33040

Mailing Address

819 PEACOCK PLAZA #560
KEY WEST FL 33040

00001406



2. Principal Place of Business
819 PEACOCK PLAZA

3. Mailing Address
819 PEACOCK PLAZA

Suite, Apt. #, etc.

SUITE 560

Suite, Apt. #, etc.

SUITE 560

City & State

KEY WEST, FL.

City & State

KEY WEST, FL.

Zip

33040

Country

USA

Zip

33040

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERZOG, THEODORE W ESQ.
819 PEACOCK PLAZA #560
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

BGOEFF, JAMES A. SR.

Street Address (P.O. Box Number is Not Acceptable)

819 PEACOCK PLAZA #560

City

KEY WEST

FL

Zip Code
33040

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

2-4-06

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 Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BGOEFF, JAMES A SR.
STREET ADDRESS 819 PEACOCK PLAZA #560
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Delete
NAME BGOEFF, DENISE
STREET ADDRESS 819 PEACOCK PLAZA #560
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME BGOEFF, JASON
STREET ADDRESS 819 PEACOCK PLAZA #560
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☐ Change ☒ Addition
NAME BGOEFF, JAMES JR.
STREET ADDRESS 819 PEACOCK PLAZA #560
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #