


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90132 010 ***150.00

DOCUMENT # P03000075371 1. Entity Name ALFRED CONHAGEN, INC. OF FLORIDA					
Principal Place of Business 2670 E. 5TH AVE TAMPA, FL 33605			Mailing Address 2670 EAST 5TH AVE TAMPA, FL 33605		
2. Principal Place of Business		3. Mailing Address 2035 Route 27			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3003			
City & State		City & State Edison, NJ			
Zip	Country	Zip	Country	4. FEI Number 20-0087825	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEHRENFELD, CRAIG E 601 BAYSHORE BLVD STE 700 TAMPA, FL 33606			7. Name and Address of New Registered Agent 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 reinstating) DATE _____					
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	COB CONHAGEN, ALFRED JR. 10080 ORCHID RIDGE LANE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 790 Olde Central Way Mt. Pleasant, SC 29464	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS RUTTER, ELAINE 3955 TORREY PINES BLVD. SARASOTA, FL 34238 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINAND, JOHN 3852 SPYGLASS HILL RD. SARASOTA, FL 34238 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7791 Calle Facil Sarasota, FL 34238	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSING, LYNNE 23D FRANKLIN LANE STATEN ISLAND, NY 10306 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIESCH, VINCENT H 2035 LINCOLN HWY, SUITE 3003 EDISON, NJ 08817 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KLIESCH, VINCENT H	
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: _____ Vincent H. Kliesch, Treasurer			4/6/06 (813) 248-8200 Date Daytime Phone #		