

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90228 004 ***150.00

DOCUMENT # P03000080563					
1. Entity Name SISTER-SISTER INC					
Principal Place of Business 3222 E RACoon CT INVERNESS, FL 34452			Mailing Address 3222 E RACoon CT INVERNESS, FL 34452		
2. Principal Place of Business 4411 E Arlington St Suite, Apt. #, etc.		3. Mailing Address 4411 E. Arlington St. Suite, Apt. #, etc.			
City & State Inverness, FL		City & State Inverness, FL		4. FEI Number 33-1065800	
Zip 34453		Country Citrus		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, ANITA L 3222 E RACoon CT INVERNESS, FL 34452			7. Name and Address of New Registered Agent Name: <u>Moore, Anita L.</u> Street Address (P.O. Box Number is Not Acceptable): <u>3775 E Sanders St.</u> City: <u>Inverness,</u> FL Zip Code: <u>34453</u>		
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 <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MOORE, ANITA L STREET ADDRESS 3222 E RACoon CT CITY-ST-ZIP INVERNESS, FL 34452	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS Moore, Anita L. CITY-ST-ZIP 3775 E Sanders St. Inverness, FL 34453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME HERRIN, THERESA A STREET ADDRESS 5441 S OLDFIELD AVE CITY-ST-ZIP HOMOSASSA, FL 34446	<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	<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	<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	<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>Anita L Moore</u> ANITA L. MOORE			Date: <u>2/13/06</u> Daytime Phone #: <u>352-504-447</u>		