

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000077031

1. Entity Name
ACTIVE 5, INC.



Principal Place of Business
132 MOON RANCH ROAD
SEBRING, FL 33870

Mailing Address
132 MOON RANCH ROAD
SEBRING, FL 33870



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1127352

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, STEVEN
132 MOON RANCH ROAD
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CLARK, STEVEN
STREET ADDRESS 132 MOON RANCH ROAD
CITY-ST-ZIP SEBRING, FL 33870

TITLE D
NAME MAKAD, CINDY
STREET ADDRESS 132 MOON RANCH ROAD
CITY-ST-ZIP SEBRING, FL 33870

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000401958
02/02/06-80067-001 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Cindy Makad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/06

Date

863-382-7565

Daytime Phone #