

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # <u>P04000105987</u>	
1. Entity Name KATHY'S COLLECTION, INC.	

Principal Place of Business 650 S.E. PARADISE POINT ROAD PMB 6700 CRYSTAL RIVER FL 34429	Mailing Address 650 S.E. PARADISE POINT ROAD PMB 6700 CRYSTAL RIVER FL 34429
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-1401926	☐ Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ONKALA, KATHY 11945 N. MAP POINT DUNNELLON FL 34433
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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 Signature: typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature, required when reinstating)	DATE
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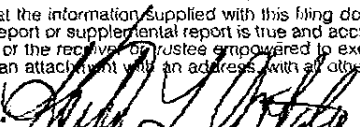
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ONKALA, KATHY		NAME	
STREET ADDRESS 650 S.E. PARADISE POINT ROAD		STREET ADDRESS	
CITY-ST-ZIP CRYSTAL RIVER FL 34429		CITY-ST-ZIP	
TITLE VT	☐ Delete	TITLE	☐ Change ☐ Addition
NAME ROGERS, DANIEL		NAME	
STREET ADDRESS 650 S.E. PARADISE POINT ROAD		STREET ADDRESS	
CITY-ST-ZIP CRYSTAL RIVER FL 34429		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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04/10/06-80018-017 150.00

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 #
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