


## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000125828</b> 1. Entity Name WACHHOLDER, STREIMER & ASSOCIATES, INC.	
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Principal Place of Business 7501 NW 4TH STREET STE 112 PLANTATION, FL 33317	Mailing Address 7501 NW 4TH STREET STE 112 PLANTATION, FL 33317
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DO NOT WRITE IN THIS SPACE

01212006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1901707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

WACHHOLDER, BARRY L  
7501 NW 4TH STREET STE 112  
PLANTATION, FL 33317

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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	WACHHOLDER, BARRY L
STREET ADDRESS	7501 NW 4TH STREET STE 112
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	D
NAME	STREIMER, LAURA A
STREET ADDRESS	7501 NW 4TH STREET STE 112
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000415273  
02/11/06-80074-013 150.00

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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:**       *[Signature]*                  1-21-06        
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #