NOTE:
DOWN LOADED FORM ON LINE
← COMPANY WAS CHANGED TO AS NOTED / NEW NAME.
PLEASE ADVISE-

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000141116

1. Entity Name
DESIGNED BY VAN BAAK & GUSTAS, INC.

Principal Place of Business	Mailing Address
1007 N FEDERAL HWY #135 FT LAUDERDALE, FL 33304	1007 N FEDERAL HWY #135 FT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
42-1646256
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GUSTAS, CAROL A
3000 E SUNRISE BLVD #17G
FT LAUDERDALE, FL 33304

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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: Carol A. Gustas 4/7/2006
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GUSTAS, CAROL A
STREET ADDRESS	3000 E SUNRISE BLVD #17G
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	VD
NAME	GUSTAS, LINDA J
STREET ADDRESS	3941 N.E 13TH AVE.
CITY-ST-ZIP	OAKLAND PARK, FL 33334
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	

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04/22/06-80041-024 150.00

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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: Carol A. Gustas CAROL ANN GUSTAS 4/7/2006 954-563-7668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OR 954-494-3967