

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000146009

FILED
Apr 27, 2006
Secretary of State

Entity Name: KARAGOZ FAMILY CORPORATION

Current Principal Place of Business:

C/O ROBIN MARETTA, JAMES KARL & ASSOCIATES
975 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145

New Principal Place of Business:

1105 HOMESTEAD RD N
LEHIGH ACRES, FL 33960

Current Mailing Address:

C/O FATIMA KARAGOZ
5610 ENGLISH OAKS LANE
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 20-3130970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARETTA, ROBIN
975 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KARAGOZ, HASAN
Address: 5610 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: KARAGOZ, MERYEM
Address: 5610 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: V () Delete
Name: KARAGOZ, FATIMA
Address: 5610 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: ST () Delete
Name: KARAGOZ, MUAMMER
Address: 5610 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: KARAGOZ, YAVUZ
Address: 5610 ENGLISH OAKS LANE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASAN KARGOZ

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date