

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000172841

1. Entity Name
CAROLINE M MOMPER INC



Principal Place of Business
**5978 WEDGEWOOD VILLAGE CIRCLE
LAKE WORTH, FL 33463**

Mailing Address
**951 SW 4TH AVE
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



04202006 Np Chg-P CR2E034 (11/05)

4. FEI Number
20-2056094

Applied For
No: Applicable

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

6. Name and Address of Current Registered Agent

**BLAKESBERG, JON D CPA
951 SW 4TH AVE
BOCA RATON, FL 33432**

**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 (if applicable)

(NOTE: Registered Agent's signature required when reappointing)

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
MOMPER, CAROLINE M
5978 WEDGEWOOD VILLAGE CIRCLE
LAKE WORTH, FL 33463**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000518147
05/01/06 90073-023 150.00

**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:

Caroline M. Momper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06
Date
Daytime Phone #