


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-01-2006 90309 006 ***150.00

DOCUMENT # P05000007384 1. Entity Name PIDHERNEY ENTERPRISES, INC.																																																																																															
Principal Place of Business 1872 NE 16TH AVENUE SUMTERVILLE FL 33585			Mailing Address 1872 NE 16TH AVENUE SUMTERVILLE FL 33585																																																																																												
2. Principal Place of Business 7680 CR 221 Suite, Apt. #, etc. Wildwood FL City & State 34785 USA Zip Country		3. Mailing Address P.O. Box 220 Suite, Apt. #, etc. Sumterville FL City & State 33585 USA Zip Country		4. FEI Number 20215966 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)																																																																																											
6. Name and Address of Current Registered Agent PIDHERNEY, MARSHA S 1872 NE 16TH AVENUE SUMTERVILLE FL 33585			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7680 CR 221 Wildwood City FL Zip Code 34785																																																																																												
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 re-registering) _____ DATE _____																																																																																															
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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td>PIDHERNEY, MARSHA S</td> <td>1872 NE 16TH AVENUE</td> <td>SUMTERVILLE FL 33585</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		PIDHERNEY, MARSHA S	1872 NE 16TH AVENUE	SUMTERVILLE FL 33585																																					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td>address change to:</td> <td>7680 CR 221</td> <td>Wildwood, FL 34785</td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		address change to:	7680 CR 221	Wildwood, FL 34785																																				
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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: <u><i>Marsha Pidherney</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-20-2006</u> (352) Daytime Phone # <u>303-6296</u>																																																																																												