

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90008 021 ***158.75

60014556



02082006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3190164** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, TIMOTHY
2541 TRYON PLACE
WINDERMERE, FL 34786

7. Name and Address of New Registered Agent

Name **VIRGINIA FOSTER**
Street Address (P.O. Box Number is Not Acceptable) **2541 TRYON PL**
City **WINDERMERE** FL Zip Code **34786**

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 *Virginia Foster, P* DATE **2-08-06**
(NOTE: Registered Agent signature required when reinstating)

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	P	<input checked="" type="checkbox"/> Delete
NAME	FOSTER, TIMOTHY	
STREET ADDRESS	2541 TRYON PLACE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOSTER, VIRGINIA	
STREET ADDRESS	2541 TRYON PLACE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	REEVES, AMY	
STREET ADDRESS	2541 TRYON PLACE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, DAVID	
STREET ADDRESS	2541 TRYON PLACE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAUB, PATRICIA	
STREET ADDRESS	2541 TRYON PLACE	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAUB, LOUIS	
STREET ADDRESS	2541 TRYON PLACE	
CITY-ST-ZIP	WINDERMERE, FL 34786	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRGINIA FOSTER	
STREET ADDRESS	2541 TRYON PL	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Virginia Foster, P* DATE: **2-08-06** DAYTIME PHONE #: **407 909 9091**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR