

2006-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

03-30-2006 90036 011 ***150.00

DOCUMENT # P05000403751 1. Entity Name STEINHATCHEE COTTAGES AND RETREAT, INC.					
Principal Place of Business 1205 SE 3RD AVE STEINHATCHEE FL 32359 US			Mailing Address 2275 W MIDDLE LANE LECANTO FL 34461 US		
2. Principal Place of Business 2275 W MIDDLE LN			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State LECANTO FL			City & State 		
Zip 34461		Country USA		4. FEI Number 20-3336966	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARTER, WILLIAM B 2275 W MIDDLE LANE LECANTO FL 34461				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reissuing)</small>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div style="width: 35%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR KROEGER, CHESTER 2001-A EMERALD COAST PKWY DESTIN FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR BICKERS, MICHAEL P O BOX 2 CRESTVIEW FL 32536	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR CARTER, WILLIAM B 2275 W MIDDLE LANE LECANTO FL 34461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR SMITH, MICHELLE 4713 SE CR 21 B KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR SMITH, BOBBY T 365 SW ANGELA TERR LAKE CITY FL 32024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR KIMUTIS MICHELLE 4713 SE CR 21 B KEYSTONE HEIGHTS FL 32656	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR SMITH, BOBBY T 365 SW ANGELA TERR LAKE CITY FL 32024	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIR SMITH, BOBBY T 365 SW ANGELA TERR LAKE CITY FL 32024	<input type="checkbox"/> Delete			
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>William B Carter</u> WILLIAM B CARTER <u>3/24/06</u> <u>32 613 3134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					