

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-01-2006 90304 002 \*\*\*150.00

5/1

00010100



1st MOORE CR2E034 (10/05)

59-3727428

4. FEI Number **59-3727428** Applied For ☐ Not Applicable ☒

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

## 6. Name and Address of Current Registered Agent

SLUTSKY, ERWIN H  
582 N. VOLUSIA AVE  
ORANGE CITY FL 32763

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

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 ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SLUTSKY, ERWIN H	
STREET ADDRESS	582 N. VOLUSIA AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SLUTSKY, ANDREA D	
STREET ADDRESS	582 N. VOLUSIA AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	T	<input type="checkbox"/> Delete
NAME	SLUTSKY, ANDREA D	
STREET ADDRESS	582 N. VOLUSIA AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE	S	<input type="checkbox"/> Delete
NAME	SLUTSKY, ERWIN H	
STREET ADDRESS	582 N. VOLUSIA AVE	
CITY - ST - ZIP	ORANGE CITY FL 32763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 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: *E. H. Slutsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Erwin Howard Slutsky*  
President

4/20/06

Date

366 774-4191  
774-4191

Daytime Phone #