

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90075 012 ***150.00

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1. Entity Name

SLEEP DISORDER CENTER OF FT. WALTON BEACH, INC.

Principal Place of Business

151 MARY ESHTER BLVD
SUITE 203
MARY ESTHER FL 32548
US

Mailing Address

502 E PINE
CRESTVIEW FL 32539
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3182353

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, THOMAS
~~3010 WINDSOR CIRCLE~~ *4440 Antioch Rd*
~~CRESTVIEW FL 32539~~
32536

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 reinstating)

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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **BARNIV, CHARLES B**
STREET ADDRESS **151 MARY ESTHER BLVD SUITE 203**
CITY-ST-ZIP **MARY ESTHER FL 32548**

TITLE **D** ☐ Delete
NAME **WITKIND, BRUCE G**
STREET ADDRESS **151 MARY ESTHER BLVD SUITE 203**
CITY-ST-ZIP **MARY ESTHER FL 32548**

TITLE **PD** ☐ Delete
NAME **KELLEY, TOMMY**
STREET ADDRESS ~~3010 WINDSOR CIRCLE~~
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **VD** ☐ Delete
NAME **ENFINGER, NANCY**
STREET ADDRESS ~~3010 WINDSOR CIRCLE~~
CITY-ST-ZIP **CRESTVIEW FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *4440 Antioch Rd*
CITY-ST-ZIP *Crestview, FL 32536*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *4440 Antioch Rd*
CITY-ST-ZIP *Crestview, FL 32536*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Kelley

Date

Daytime Phone #

1/23/06 850-243-4456