

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State



1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3193582

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINGER, WAYNE F
2425 HWY. 60 EAST
LAKE WALES FL 33853

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 reconstituting)

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 P
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME FINGER, WAYNE F
STREET ADDRESS 2425 HIGHWAY 60 EAST
CITY-ST-ZIP LAKE WALES FL 33853

TITLE DVS ☐ Delete
NAME FINGER, MICHELE M
STREET ADDRESS P.O. BOX 131 N/A
CITY-ST-ZIP LAKE WALES FL 33859-0131

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
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 190 of the 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 made by me, 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

Wayne Finger
P.O. Box 131
Lake Wales, FL 33859-0131

Date: 2/5/06

Daytime Phone #

863 604
1456