

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000027019

1. Entity Name
FERN FINANCE, INC.



Principal Place of Business
**2400 SUNRISE DRIVE
SEBRING, FL 33872 US**

Mailing Address
**2400 SUNRISE DRIVE
SEBRING, FL 33872 US**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0593193	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FERNANDEZ, FERNANDO
2400 SUNRISE DRIVE
SEBRING, FL 33872**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000402979
02/03/06-80030-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, FERNANDO
STREET ADDRESS	2400 SUNRISE DRIVE
CITY-ST-ZIP	SEBRING, FL 33872

TITLE	SD
NAME	FERNANDEZ, YUDITH
STREET ADDRESS	2400 SUNRISE DRIVE
CITY-ST-ZIP	SEBRING, FL 33872

TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Judith Fernandez 1-24-06 (888) 52-2565