

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000059067					
1. Entity Name THE RIGHT SITE, INC.					
Principal Place of Business 110 S. COURTENAY PKWY SUITE 2 MERRITT ISLAND FL 32952			Mailing Address 110 S. COURTENAY PKWY SUITE 2 MERRITT ISLAND FL 32952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3355833	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAVELL, MICAH G 110 S. COURTENAY PKWY SUITE 2 MERRITT ISLAND FL 32952				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
SAVELL, MICAH G 110 S. COURTENAY PKWY SUITE 2 MERRITT ISLAND FL 32952				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 resigning)					
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 Added to Fees Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SAVELL, MICAH G 110 S. COURTENAY PKWY SUITE 2 MERRITT ISLAND FL 32952			000000433387 ☐ Change ☐ Add 02/24/06-80015-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SAVELL, NORMA C 110 SOUTH CORTENAY PKWY STE 2 MELBOURNE FL 32935			☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			☐ Change ☐ Add	

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: *Micah G. Savell* **Micah G. Savell** 2-6-06 (321) 452-5300