

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90207 012 \*\*\*150.00

DOCUMENT # P94000075538

1. Entity Name

636 Incorporated



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

636 East Atlantic Ave.

3. Mailing Address

636 East Atlantic Ave

Suite, Apt. #, etc.

Suite 210

Suite, Apt. #, etc.

Suite 210

CR2E034B (8/05)

City & State

Delray Beach, Fl.

City & State

Delray Beach, Fl.

4. FEI Number

65-0538509

Applied For

Not Applicable

Zip

33483

Country

Flm Bch

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name David A. Sanderson

Street Address (P.O. Box Number is Not Acceptable)

636 East Atlantic Avenue

Suite 210

City Delray Beach

FL

Zip Code

33483

**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

David Sanderson

David Sanderson

4/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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 D  
NAME David Sanderson  
STREET ADDRESS 636 East Atlantic Ave # 210  
CITY-ST-ZIP Delray Beach, Fl. 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David Sanderson

David Sanderson

4/10/06

561 276 8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #