

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90015 018 ***158.75

40005483



01182006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0536342 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEPBURN-SAFFORLD, FLORINA
3851 NW 7TH PLACE
FT. LAUDERDALE, FL 33311

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: _____ (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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	HEPBURN, AUSTIN R SR.	
STREET ADDRESS	721 NORTHWEST 4TH STREET	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEPBURN, REMILDA L	
STREET ADDRESS	517 NORTHWEST 7TH COURT	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEPBURN-STRAFFORLD, FLORINA	
STREET ADDRESS	3851 N.W. 7TH PLACE	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEPBURN-MOBLEY, EUNICE	
STREET ADDRESS	738 N.W. 3RD COURT	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEPBURN, MCPHERSON, KATHERINE	
STREET ADDRESS	413 SW 6TH AVE	
CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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

1/20/06 994
224-5264
Date Daytime Phone #