

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90201 033 ***150.00

60030550



04192006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3347326** 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

MARY, MATTHYS
254 107TH AVE.
TREASURE ISLAND, FL 33706

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 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 NAME STREET ADDRESS CITY - ST - ZIP	PVST MARY, MATTHYS 254 107TH AVE. TREASURE ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

4-25-06 727

360 0505

ATTACHMENT

60030598

Division of Corporations

Annual Report

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Document Number	P95000093537
Business Entity Name	RAPUNZEL'S OF TREASURE ISLAND, INC.
FEI Number	593347326
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address 254 107TH AVE.
Suite, Apt. #, etc.
City, State TREASURE ISLAND, FL
Zip Code & Country 33706

Mailing Address

Address 254 107TH AVE.
Suite, Apt. #, etc.
City, State TREASURE ISLAND, FL
Zip Code & Country 33706

Name and Address of Registered Agent

Name (Last, First, Middle, Title) MARY, MATTHYS
Address 254 107TH AVE.
Suite, Apt. #, etc.
City, State TREASURE ISLAND, FL
Zip Code & Country 33706 US
Registered Agent Signature MARY MATTHYS

Officer/Director Name and Address

Title PVST
Name (Last, First, Middle, Title) MARY, MATTHYS
Street Address 254 107TH AVE.

ATTACHMENT

60030598

TREASURE ISLAND, FL

P95000093537

City, State

Zip Code & Country

Title

PVST

Officer/Director Signature

MARY MATTHYS

Mary Matthys

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