

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P96000022746**

1. Entity Name  
**IN THY NAME, INC.**



Principal Place of Business  
**14125 FENNSBURY DR.  
TAMPA, FL 33624 US**

Mailing Address  
**P.O. BOX 274071  
TAMPA, FL 33688-4071 US**



04192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3362910</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUEHRING, BARBARA A  
14125 FENNSBURY DR.  
TAMPA, FL 33624**

**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

10. OFFICERS AND DIRECTORS

TITLE	PVP
NAME	BUEHRING, BARBARA A
STREET ADDRESS	14125 FENNSBURY DR
CITY- ST- ZIP	TAMPA, FL 33624

TITLE	VPS
NAME	GOODCHILD, VERA N
STREET ADDRESS	23309 CLUB VILLAS
CITY- ST- ZIP	LAND O LAKES, FL 34639

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/04/06-80103-016 150.00

**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: Barbara A. Buehring  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BARBARA A. BUEHRING**

April 18, 2006 (813) 961-3891  
Date Signature Phone #