## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 20, 2006 8:00 am Secretary of State DOCUMENT # P96000084850 04-20-2006 90192 010 \*\*\*150.00 GINGER BENDER STATIONERY, INC. Principal Place of Business Mailing Address 8 SOUTH PALAFOX ST: RENSACOLA FL 32502 8 SOUTH PALAFOX ST. PENSACOLA FL 32502 2. Principal Place of Business Mailing Address 308 E. Government St. 308 E. Government St Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Sty & State State 4. FEI Number Applied For 59-3403958 ensacola ensacola Not Applicable \$8.75 Additional 5. Certificate of Status Desired 2502 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENDER, GINGER Street Address (P.O. Box Number is Not Acceptable) 8 SOUTH PALOFOX PLACE PENSACOLA FL 32502 Zip Code\_ 32502 ensacol 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 reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE TIFLE ☐ Change ☐ Addition ☐ Delete NAME BENDER, GINGER MAME STREET ADDRESS 8 SOUTHO PALAFOX PLACE STREET ADDRESS CITY-ST-7/P PENSACOLA FL 32502 CITY-ST-7IP TULE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition MARKE NAME STREET ADDRESS STREET AODRESS CITY-ST-7IP CITY-SI-7P ☐ Defete TITLE Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition 1111.5 TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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

FILED