## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 08, 2006 08:00 AM DOCUMENT # P96000093480 Secretary of State 1. Entity Name BAHRAH, INC. Mailing Address Principal Place of Business 114 SAWGRASS CIR DAYTONA BEACH FL 32114 2525 WEST INTERNATIONAL SPEEDWAY BLVD SUITE 6 DAYTONA BEACH FL 32115-2491 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 59-3415295 Not Applicat Zio Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 150 MAGNOLIA AVE DAYTONA BEACH FL 32115-2491 Zip Code City FL 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 access the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when remarating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 2 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete ☐ Change TITLE HARRINGTON, RICHARD NAME NAME 111111111145111148 STREET ADDRESS (13/18/U6 80057-U15 **150.00** STREET ADDRESS 114 SAWGRASS CIRCLE CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP ☐ Change □ M<sup>(x)</sup> TITLE STD Deleta TITLE HARRINGTON, BARBARA NAME STREET ADDRESS 114 SAWGRASS CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL Change ☐ Adams ☐ Calata Teti F TITLE NAME MAME STREET ADDRESS STREET ABORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change The state of the s MANIE NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Ac. .... Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Ociete TITLE ☐ Change Acidio TITLE 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 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.

RICHARD HARRINGTON

**FILED** 

3/1/01 (382)257-4881