2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P9700005030 1. Entity Name					Secretary of State					
KARL W.	BOHNE, JR., P.A.									
Principal Place of Business		Mailing Address								
1803 AIRPORT BLVD MELBOURNE FL 32901 US		- 1803 AIRPORT BLVD - MELBOURNÉ FL 3290 US		•						
2. Principal f	Place of Business	3. Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hteer we com cool; edd) blur e	THE PARTY SELECT	411 - E-1014 - 1111 - 2 4		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		15	t MOORE (CR2E034	(10/05)		
City & State		City & State		4. FEI		Number 59-3425206		Applied For Not Applicable		
Zip Country		Zip	Countr	у	5. Certificate	e of Status Desired		\$8.75 Add	ditional ed	
6. Name and Address of Current Registered Agent					7. Name and	d Address of New Re	egistered A	gent		
BO)	HNE, KARL W JR		L	Name						
180	3 AIRPORT BLVD LBOURNE FL 32901				Street Address (P.O. Box Number is Not Acceptable)					
			}	City			FL	Zip Cad	ie	
8. The above	e named entity submits this stater	s registered	ri office ar registe	red agent, or be	oth in the State of Flor		amiliar with	and accent		
	tions of registered agent.						, , , , , , , , , , , ,			
SIGNATURE	Signature, typed or printed name of registers	ed acent and tino if aposcable INO	TE: Repistered	Agem signature requires	when reinstativol		DATE			
	TLE NOW!!! FEE IS \$150.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
After	May 1, 2006 Fee Will Be \$5 k Payable to Florida Departn	50.00				9. Election Campa Trust Fund Cont	-		.00 May Be ed to Fees	
10.	OFFICER	S AND DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTOR	S (N 11	
MILE	PD	☐ Oelete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	BOHNE, KARL W JR 1803 AIRPORT BLVD		NAME STREET	T AODRESS	UMMM0463 28 3 03/21/06-80071-0 0 4 150.08				ric .	
CITY-ST-ZIP	MELBOURNE FL 32901	· · · · · · · · · · · · · · · · · · ·	CITY-S	57 - ZtP			COLL			
TITLE		☐ Delete	TITLE					Change	T Vidigio	
NAME STREET ADDRESS			NAME STREE	T ADORESS						
CITY-ST-ZIP			CITY-S	57 - ZIP	•					
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TITLE		☐ Delete	TITLE					☐ Change	☐ Addith.	
NAME STREET ADDRESS			NAME SERVE	ADDRESS						
CITY-ST-ZIP	}		CITY-S	}						
IIITE		☐ Delete	ταιε					☐ Change	Aggill.	
NAME CIDELY ADDRESS			NAME							
STREET ADDRESS CITY-ST-ZIP			CITY-S	TADDRESS ST-ZIP						
TITLE		☐ Delete	TITLE					Change	∐Add".	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	TAODRESS SI-ZIP						
12 I hereby	certify that the information suppli	ed with this filing does not qualify	for the evo	motions contains	d in Section 11	9, Florida Statutes 1	further certs	dy that the	information	
indicated of the co if change	on this report or supplemental reportation or the receiver of irusted, or on an attachment with an	epon is true and accurate and that se empowered to execute this repo educes with all other time empower	my signatu ort as requi ered.	ire shall have the red by Chapter 60	same legal effe 07, Florida Stati	ct as it made under ones; and that my name	ath; that I a e appears i	m an office n Block 10	r or director or Block 11	