

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90210 026 ***150.00

DOCUMENT # P97000075500

1. Entity Name
FORMAL # 1, INC.



Principal Place of Business
10891 NW 6TH STREET
CORAL SPRINGS, FL 33068 US

Mailing Address
10891 NW 6TH STREET
CORAL SPRINGS, FL 33068 US

00001000



DO NOT WRITE IN THIS SPACE

04242006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0777638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCILMURRAY, DAVID L PRESIDE
10891 NW 6TH STREET
CORAL SPRINGS, FL 33068

**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 re-registering)

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 D
NAME MCILMURRAY, DAVID L DIRECTO
STREET ADDRESS 10891 NW 6TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33068

TITLE P
NAME MCILMURRAY, DAVID L PRESIDE
STREET ADDRESS 10891 NW 6TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33068

TITLE T
NAME MCILMURRAY, DAVID L TREASUR
STREET ADDRESS 10891 NW 6TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33068

TITLE SECR
NAME MCILMURRAY, DAVID L SECRETA
STREET ADDRESS 10891 NW 6TH STREET
CITY-ST-ZIP CORAL SPRINGS, FL 33068

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/06

954-968-4007