


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90368 036 ***150.00

DOCUMENT # P97000099856	
1. Entity Name 2695 NORTH CORP.	

Principal Place of Business 883 NE DIXIE HWY #7 JENSEN BEACH, FL 34957	Mailing Address PO BOX 2070 STUART, FL 34995-2070
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2. Principal Place of Business 2755 SE Federal Hwy	3. Mailing Address Suite, Apt. #, etc.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State STUART, FL	City & State
Zip 34994	Country USA

03062006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0803054

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

6. Name and Address of Current Registered Agent

**RIFKIN, AVRON C
800 S.E. MONTEREY COMMONS BLVD., STE. 200
STUART, FL 34996**

7. Name and Address of New Registered Agent

Name **AVRON C. RIFKIN**

Street Address (P.O. Box Number is Not Acceptable)
100 SE PELICAN DRIVE

City **STUART** State **FL** Zip **34996-1217**

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  **Avron C. Rifkin** 3/27/2006

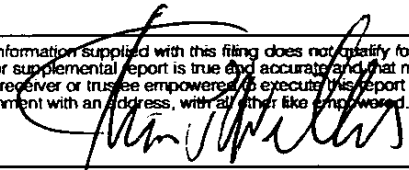
(NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILLETT, THOMAS P 883 NE DIXIE HWY #7 JENSEN BEACH, FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 2070 STUART, FL 34995 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 information.

SIGNATURE:  **3/27/2006** **772-203600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #