## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P97000101674**

1. Entity Name

ACHÉRON ENTERPRISES, INC.



FILED Jan 09, 2006 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

13117 FEATHERSOUND DRIVE FORT MYERS, FL 33919 Mailing Address

13117 FEATHERSOUND DRIVE FORT MYERS, FL 33919



| DO | NOT | WRITE | IN THIS | SPACE |
|----|-----|-------|---------|-------|
|    |     |       |         |       |

6. Name and Address of Current Registered Agent

 4. FEI Number
 Applied For

 65-0798413
 Not Applicable

5. Certificate of Status Desired

01062006

\$8.75 Additional Fee Required

YERRICK, DOUGLAS L

13117 FEATHERSOUND DRIVE FORT MYERS, FL 33919

SIGNATURE: YV

## DO NOT WRITE IN THIS SPACE

No Chg-P

| 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 i          | applicable (NOTE F                       | Registered Agent signature | required when reinstating)     | DATE                                      |  |  |  |  |
| F!L<br>After Ma  | E NOW!!! FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00               | Election Campaign     Trust Fund Contrib |                            | \$5.00 May Be<br>Added to Fees |   |  |  |  |  |
| 10.  | OFFICERS AND DIRECT   | TÓRS                                     |                            |                                | <u> </u>                                  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>YERRICK, MARGARET L<br>9945 VANILLA LEAF<br>FORT MYERS, FL 33919     |  |                            |                                | U00000379925<br>01/10/06-80042-007 150.00 |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VP<br>YERRICK, MARGARET L<br>9945 VANILLA LEAF ST<br>FORT MYERS, FL 33919 |  |                            | :                              |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | S<br>YERRICK, MARGARET L<br>9945 VANILLA LEAF ST<br>FORT MYERS, FL 33919  |  |                            | DO                             | DO NOT WRITE<br>IN THIS SPACE             |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>YERRICK, MARGARET L<br>9945 VANILLA LEAF ST<br>FORT MYERS, FL 33919  |  |                            | IN '                           |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                            |                                |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |                            |                                | , <del>-</del>                            |  |  |  |  |
| 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 cath, 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. |   |  |                            |                                |   |  |  |  |  |

Margaret L

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR