


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000012591
 1. Entity Name
MARGARET PETRY, INC.



Principal Place of Business: **12731 YARDLEY DRIVE BOCA RATON FL 33428**
 Mailing Address: **12731 YARDLEY DRIVE BOCA RATON FL 33428**



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

1st MOORE CR2E034 (10/05)
 4. FEI Number: **65-0813771** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PETRY, MARGARET C
 12731 YARDLEY DRIVE
 BOCA RATON FL 33428**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when consulting) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Added to Fee

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|----------------------------|--|----------------------------------|
| TITLE: <input type="checkbox"/> Delete | PETRY, MARGARET C | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add | 000000529172 |
| NAME: <input type="checkbox"/> Delete | 12731 YARDLEY DRIVE | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add | 05/05/06-80067-010 150.00 |
| STREET ADDRESS: <input type="checkbox"/> Delete | BOCA RATON FL 33428 | STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| CITY-ST-ZIP: <input type="checkbox"/> Delete | | CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE: <input type="checkbox"/> Delete | | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME: <input type="checkbox"/> Delete | | NAME: <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| STREET ADDRESS: <input type="checkbox"/> Delete | | STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Add | |
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| STREET ADDRESS: <input type="checkbox"/> Delete | | STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| CITY-ST-ZIP: <input type="checkbox"/> Delete | | CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Add | |

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.

SIGNATURE: Margaret C. Petry Date: 4/17/06 Daytime Phone #: 561-852-5461