## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000035588

1394 JEFFERY RD

TALLAHASSEE, FL 32312

Address:

City-St-Zip:

Entity Name: FARTHCARE PROPERTY MAINTENANCE INC.

FILED Jan 19, 2006 Secretary of State

y						
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2512 WHISPER WAY TALLAHASSEE, FL 32308				1394 JEFFERY ROAD TALLAHASSEE, FL 32312		
Current M	lailing Addr	ess:	New Maili	New Mailing Address:		
P.O. BOX TALLAHAS	13371 SSEE, FL 32	2317				
FEI Number:	: 59-3564513	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and	Address of	f New Registered Agent:	
1394 JEFF	N, ASHLEY FERY RD SSEE, FL 32	2312 US				
	named entit e of Florida.	y submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electr	onic Signature of Registered Ag	ent		Date	
Election Car	npaign Financ	ing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip: Title:	ARONSON, [ 2512 WHISP TALLAHASSI	ER WAY EE, FL 32308	Title: Name: Address: City-St-Zip: Title:	ARONSON, A 1394 JEFFE TALLAHASS	RY ROAD EE, FL 32312	
Name: Address: City-St-Zip:	ARONSON, S 2512 WHISP		Name: Address: City-St-Zip:	ARONSON, 3 1394 JEFFE		
Title: Name: Address: City-St-Zip:	ARONSON, A 8520 BANNE	(X) Delete SHLEY SECRETA RMAN BLUFF DRIVE EE, FL 32312	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name:	V ARONSON, J	(X) Delete EFF	Title: Name:		( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ASHLEY ARONSON P 01/19/2006