

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90017 032 ***150.00

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1. Entity Name
TOUCH O'GREEN OF FLORIDA, INC.



Principal Place of Business
103 BEAUMONT LANE
PALM BEACH GARDENS, FL 33410

Mailing Address
103 BEAUMONT LANE
PALM BEACH GARDENS, FL 33410

60020293

2. Principal Place of Business
4704 Dovehill Dr.

3. Mailing Address
4704 Dovehill Dr

Suite, Apt. #, etc.
PB Gardens,

Suite, Apt. #, etc.
PB Gardens

City & State
FL

City & State
FL

Zip
33418

Country
USA

Zip
33418

Country
USA

02032006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0850839

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TYSON, CLAY E
4704 DOVE HILL DRIVE
PALM BEACH GARDENS, FL 33418

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

Clay E. Tyson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/15/06

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 PD
NAME TYSON, CLAY E
STREET ADDRESS 4704 DOVE HILL DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE VPD
NAME TYSON, LYDIA
STREET ADDRESS 4704 DOVE HILL DRIVE
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

2/15/06