

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90347 036 ***150.00

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04102006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000104994

1. Entity Name
CORRECT FLOW, INC.



Principal Place of Business
**2871 GARDENS DR.
SANFORD, FL 32773**

Mailing Address
**PO BOX 915081
LONGWOOD, FL 32791-5081**

2. Principal Place of Business
4628 Nellie St

3. Mailing Address
11

Suite, Apt. #, etc.
11

City & State
Edgewater FL

City & State
11

Zip
32141

Country
Volusia

Zip
11

Country

4. FEI Number
59-3549662

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RODRIGUEZ, RAY
2871 GARDENS DR.
SANFORD, FL 32773**

Change →
NEW Address

7. Name and Address of New Registered Agent
Name **RODRIGUEZ RAY**
Street Address (P.O. Box Number is Not Acceptable)
4628 NELLIE ST
EDGEWATER
City **FL** Zip Code **32141**

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 DATE **4-20-06**

Signature, typed or printed name of registered agent and title if applicable. (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	PSD RODRIGUEZ, RAY 2871 GARDENS DR. SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RODRIGUEZ RAY 4628 NELLIE ST. EDGEWATER FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD EBERT, HAROLD 2871 GARDENS DR. SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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: DATE **4-20-06** DAYTIME PHONE # **407-332-4497**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR