

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90319 048 ***150.00

DOCUMENT # P99000034522

1. Entity Name
LONG TERM CAPITAL, INC.



Principal Place of Business
**2050 E. OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306**

Mailing Address
**2050 E. OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306**

00025327



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0910687

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEYER, LUKE
2050 E. OAKLAND PARK BLVD.
SUITE 209
FORT LAUDERDALE, FL 33306**

Name
O'DONNELL, MICHAEL A.

Street Address (P.O. Box Number is Not Acceptable)
25 SARANAC RD.

City
FORT LAUDERDALE FL Zip Code
33308

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
**D
MEYER, LUKE
2050 E. OAKLAND PARK BLVD.
FORT LAUDERDALE, FL 33306** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
O'DONNELL, MICHAEL A.
P.O. BOX 11856
FORT LAUDERDALE, FL 33339** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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 #

4/4/06