

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90038 001 ***150.00

60010400



01092006 Chg-P CR2E034 (11/05)

4. FEI Number **65-0997529** Applied For ☐ Not Applicable ☒

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

6. Name and Address of Current Registered Agent

NALDA, ANTHONY G
1820 SIR LANCELOT CIRCLE
ST. CLOUD, FL 34772

7. Name and Address of New Registered Agent

Name **Nalda, Anthony G.**
Street Address (P.O. Box Number is Not Acceptable) **5105 Bullis Road**
City **St Cloud** **FL** Zip Code **34772**

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 **Anthony G. Nalda** **1.9.06**
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

TITLE **PT** ☐ Delete
NAME **NALDA, ANTHONY G**
STREET ADDRESS **1820 SIRLANELOT CIR.**
CITY-ST-ZIP **SAINT CLOUD, FL 34772**

TITLE **VPS** ☐ Delete
NAME **NALDA, MARTIERY**
STREET ADDRESS **1820 SIRLANELOT CIR.**
CITY-ST-ZIP **SAINT CLOUD, FL 34772**

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NAME
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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☒ Change ☐ Addition
NAME **NALDA, ANTHONY G.**
STREET ADDRESS **5105 Bullis Road**
CITY-ST-ZIP **St Cloud FL 34772**

TITLE **VPS** ☒ Change ☐ Addition
NAME **NALDA, MARTIERY**
STREET ADDRESS **5105 Bullis Road**
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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: **Anthony G. Nalda** **1.9.06** **407 957-1337**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #