

APR. 10. 2006 1:54PM DEAN L SCHUMM CPA PA
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90357 037 ***150.00

DOCUMENT # P99000047046			
1. Entry Name D. STEINGRUBEY ORCHIDIST, INC.			
Principal Place of Business 720 ARDMORE RD WEST PALM BEACH, FL 33401		Mailing Address PO BOX 163 PALM BEACH, FL 33480-0163	
2. Principal Place of Business 230 Monterey Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State	
Zip 33480	Country U.S.A.	Zip	Country
4. FEI Number 65-0919676		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEINGRUBEY, DAVID 720 ARDMORE RD WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name David Steingrube Street Address (P.O. Box Number is Not Acceptable) 230 Monterey Road City Palm Beach, FL Zip Code 33480	
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 _____ Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when statement)			
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	PD STEINGRUBEY, DAVID 720 ARDMORE RD WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD David Steingrube 230 Monterey Road Palm Beach, FL 33480 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: <u>David Steingrube</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/12/2006 561-881-9056 DATE DAYTIME PHONE #	