

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/05)

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|--|--|---------|---|--|--|
| DOCUMENT # V21081 1. Entity Name T.D.A.H., INC. | | | | | |
| Principal Place of Business 1115 BANKS RD MARGATE FL 33063 | | | Mailing Address 1115 BANKS RD MARGATE FL 33063 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0171490 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent CAPITAL CONNECTION INC 417 E VIRGINIA ST SUITE 1 TALLAHASSEE FL 32301 | | | | 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 _____ (NOTE: Registered Agent signature required when installing) <small>Signature typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P SCHLAPKOHL, CHARLES M 3720 COCONUT CREEK PKWY COCONUT CREEK FL | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | U000000426097 02/20/06-80029-009 150.00 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | M SCHLAPKOHL, ROBERT 3720 COCONUT CREEK PARKWAY ST F COCONUT CREEK FL 33066 | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Add | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | Delete | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | Change Add | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 CHARLES M. SCHLAPKOHL 2/4/06 722-341- <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |