

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 03 2006 08:00 AM

RECEIVED

Secretary of State

FEB 13 2006

FILE



1st MOORE

CR2E034 (10/05)

4. FEI Number 59-3120425

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LEVIT, ROBERT H
4366 LB MCLEOD RD
ORLANDO FL 32811

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

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 \$5.00 May
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	☐ Delete
NAME	LEVIT, ROBERT	
STREET ADDRESS	4366 LB MCLEOD RD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	T	☐ Delete
NAME	LEVIT, ROBERT	
STREET ADDRESS	4366 LB MCLEOD RD	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		☐ Delete
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TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 407-841-44

Date

Daytime Phone #