


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90031 009 ***150.00

DOCUMENT # V60103 1. Entity Name SIDETRACKED AGAIN, INC.	
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Principal Place of Business 2850 NE 150TH AVE WILLISTON, FL 32696 US	Mailing Address 2850 NE 150TH AVE WILLISTON, FL 32696 US
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DO NOT WRITE IN THIS SPACE

400322



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3185233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KOEHLER, CHARLES T. 2850 NE 150TH AVENUE WILLISTON, FL 32696

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV KOEHLER, CHARLES T 2850 NE 150TH AVE WILLISTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KOEHLER, REBECCA 2850 NE 150TH AVE WILLISTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Charles T. Koehler **CHARLES T. KOEHLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **3 13 06**
Date Daytime Phone #