


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 27, 2006 08:00 AM  
Secretary of State**

DOCUMENT # F02000006265

1. Entity Name  
ELEVEN PACK MANAGEMENT CORP.



Principal Place of Business      Mailing Address

1440 HIGHWAY A1A                      1440 HIGHWAY A1A  
VERO BEACH, FL 32963                      VERO BEACH, FL 32963

**DO NOT WRITE IN THIS SPACE**



04072006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
14-1860598      Not Applicable

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

6. Name and Address of Current Registered Agent

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing            **\$5.00** May Be  
Trust Fund Contribution.      Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP SMICK, TIMOTHY S 1440 HWY A1A VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS SIMMONS, DANIEL 1440 HWY A1A1 VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AILLS, ZACHARY A 1440 HWY A1A VERO BEACH, FL 32963
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U00000538352  
05/09/06-80056-001 150.00

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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: Zachary Aills      ZACHARY AILLS      4/24/06      772-492-5002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #