

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90044 048 ***150.00

DOCUMENT # P07000043787

1. Entity Name
 1606, INC.



Principal Place of Business
 142 S. CORY DRIVE
 EDGEWATER, FL 32141

Mailing Address
 142 S. CORY DRIVE
 EDGEWATER, FL 32141

90070000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142008 Chg-P. CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-8801096

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHN, B SCOTT
 142 S CORY DRIVE
 EDGEWATER, FL 32141

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 MGR
 NAME SOLMS, WALTER
 STREET ADDRESS 207 N. RIVERSIDE DRIVE
 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S
 NAME JOHN, B SCOTT
 STREET ADDRESS 142 S. CORY DRIVE
 CITY-ST-ZIP EDGEWATER, FL 32141

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME SPEH, STEPHEN M
 STREET ADDRESS 238 OLD COUNTRY ROAD
 CITY-ST-ZIP EDGEWATER, FL 32132

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 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 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: *[Signature]* Secretary/Reg. Agent

Date: 4/15/08 Daytime Phone #: 386 687 2489