2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 02, 2006 08:00 AM DOCUMENT # P95000090005 **Secretary of State** 1. Entity Name ALKHOURY PROPERTY MANAGEMENT #2, INC. Principal Place of Business Mailing Address PO BOX 3406 7018 A1A SOUTH ST. AUGUSTINE FL 32080 ST AGUSUTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-3348455 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALRHOURY, SAM J 7018 A1A SOUTH Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32080 City 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. 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 9. Election Campaign Financing \$5.00 May 8∈ After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. U00000415787 ☐ Change TITLE PST ☐ Delete THE 02/11/06-80094-009 150.00 NAME NAME ALKHOURY, SAM J STREET ADDRESS STREET ADDRESS 7018 A1A SOUTH ST AUGUSTINE FL 32080 CITY-ST-ZIP CITY-ST-ZIP File State ☐ Change VΡ ☐ Delete TITLE TITLE ALKOURY, CINDEE NAME NAME STREET ADDRESS STREET ADDRESS 7018 AIA SOUTH CITY-ST-702 ST. AUGUSTINE FL 32080 CITY-ST-7IP Addition ☐ Change Delete ... TITLE THIF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addin. TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Addition ☐ Chance Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete THILE Change ☐ Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED