2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000078605

1. Entity Name
DOWNTOWN REDEVELOPMENT COMPANY

Principal Place of Business
105 WEST MAGNOLIA STREET
LEESBURG, FL 34748

Mailing Address
105 WEST MAGNOLIA STREET
LEESBURG, FL 34748

02102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3555694

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GALBREATH, GERALD B
105 WEST MAGNOLIA STREET
LEESBURG, FL 34748

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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) (if registered agent signature required when relating) DATE

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

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

000000463660
03/21/06-00084-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	GALBREATH, GERALD B
STREET ADDRESS	105 WEST MAGNOLIA STREET
CITY ST ZIP	LEESBURG, FL 34748
TITLE	P
NAME	MCCABE, GEORGE M
STREET ADDRESS	926 MYRTLE LAKE AVE.
CITY ST ZIP	FRUITLAND PARK, FL 34731
TITLE	ST
NAME	GALBREATH, GERALD B
STREET ADDRESS	105 WEST MAGNOLIA STREET
CITY ST ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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: [signature] 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE OF BIRTH