

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000064700

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FLORIDA ACCOMODATIONS BUREAU, INC.

## Current Principal Place of Business:

22 W MONUMENT AVE  
SUITE 27  
KISSIMMEE, FL 33741

## New Principal Place of Business:

22 W MONUMENT AVE  
SUITE 27  
KISSIMMEE, FL 34741 US

## Current Mailing Address:

22 W MONUMENT AVE  
SUITE 27  
KISSIMMEE, FL 33741

## New Mailing Address:

22 W MONUMENT AVE  
SUITE 27  
KISSIMMEE, FL 34741 US

FEI Number: 59-3591098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEWMAN, KEITH  
3535 1ST AVENUE NORTH  
SAINT PETERSBURG, FL 33713 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MR ( ) Delete  
Name: LEIBE, TIM  
Address: 22 W MONUMENT AVE. SUITE 27  
City-St-Zip: KISSIMMEE, FL 33741

Title: MRS ( ) Delete  
Name: LEIBE, ANN  
Address: 22 W. MONUMENT AVE. SUITE 27  
City-St-Zip: KISSIMMEE, FL 33741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change ( ) Addition  
Name: LEIBE, TIM  
Address: 22 W MONUMENT AVE. SUITE 27  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: MRS (X) Change ( ) Addition  
Name: LEIBE, ANN  
Address: 22 W. MONUMENT AVE. SUITE 27  
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A. LEIBE

MR

04/28/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date