


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V60319
 1. Entity Name
311 CENTER BOULEVARD, INC.



Principal Place of Business Mailing Address
311 SARASOTA CTR BLVD. **311 SARASOTA CTR BLVD.**
SUITE 400 **SUITE 400**
SARASOTA FL 34240 **SARASOTA FL 34240**
US **US**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
65-0395651 Not Applicable

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

6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M.
2033 MAIN ST.
SUITE 400
SARASOTA FL

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when re-issuing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMMONS, P.W. 139 YACHT HARBOR DR. OSPREY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000416185 02/13/06-80005-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIMMONS, LOIS L 139 YACHT HARBOR DR. OSPREY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, LOIS L 139 YACHT HARBOR DR. OSPREY FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Lois L. Simmons Lois L. Simmons 1-25-06 941-377-9929