2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90382 025 ***158.75 **DOCUMENT # 186939** MOULTON PROPERTIES, INC. Annarza. Principal Place of Business Mailing Address 380 LURTON STREET 380 LURTON STREET P 0 B0X 12524 P 0 B0X 12524 PENSACOLA, FL 32591 PENSACOLA, FL 32591 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) Applied For City & State City & State 4. FELNumber 59-0785695 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOULTON, JAMES C. Street Address (P.O. Box Number is Not Acceptable) 380 LURTON STREET PENSACOLA, FL 32505 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VSD ☐ Change ☐ Addition TITLE ☐ Delete TITLE MOULTON, ROBERT W NAME NAME STREET ADDRESS 380 LURTON ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP PDT TITLE Delete TITLE ☐ Change ☐ Addition NAME MOULTON, JAMES C NAME STREET ADDRESS 380 LURTON ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY I'ST-ZIP VAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOULTON, MARY E NAME STREET ADDRESS 380 LURTON ST STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP Change ■ Addition TITLE ☐ Defete TITLE MOULTON, MARTHA M NAME NAME STREET ADDRESS 380 LURTON ST STREET ADDRESS CITY+ST-ZIP PENSACOLA, FL 32505 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

May E. Mall Tuggand typed or printed name of signing officer or director

Delete

Change

☐ Addition

FILED