


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 215376 1. Entity Name C. FRED DEUEL & ASSOCIATES, INC.	
---	---

40083930



02062006 No Chg-P CR2E034 (11/05)

Principal Place of Business 1620 FIRST AVENUE N. P.O. BOX 10116 ST PETERSBURG, FL 33733	Mailing Address P.O. BOX 10116 ST PETERSBURG, FL 33733
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0839841	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEUEL, C. FRED 6901 28TH ST, S ST PETERSBURG, FL 33712
--

DO NOT WRITE
IN THIS SPACE

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
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DEUEL, C. FRED
STREET ADDRESS	6901 28TH ST S
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	VD
NAME	CURRAN, LESLIE
STREET ADDRESS	6901-28 ST. SO
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	D
NAME	DEUEL, MARY LOU
STREET ADDRESS	8901 28 ST S
CITY-ST-ZIP	ST PETERSBURG, FL 33712
TITLE	STD ST
NAME	MOORE, CAROL L
STREET ADDRESS	5254 23RD AVENUE N.
CITY-ST-ZIP	ST PETERSBURG, FL 33710
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Carol Moore - Sec/Treas Date: 4-25-06 727-822-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Yr Phone