

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90221 045 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 215376		
1. Entity Name C. FRED DEUEL & ASSOCIATES, INC.		
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		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEUEL, C. FRED 6901 28TH ST S ST PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURRAN, LESLIE 6901-28 ST. SO SAINT PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEUEL, MARY LOU 6901 28 ST S ST PETERSBURG, FL 33712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ST MOORE, CAROL L 5254 23RD AVENUE N. ST PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: <i>Carol Moore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>4-25-06 727-822-4151</i> Date Daytime Phone