

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 333963
 1. Entity Name
LOMA ALTA COMPANY INC



Principal Place of Business Mailing Address
610 NORTH THIRD STREET **610 NORTH THIRD STREET**
JACKSONVILLE BEACH FL 32250 **JACKSONVILLE BEACH FL 32250**

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 **59-1217154** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HAGIST, DAVID H
610 NORTH 3RD STREET
JACKSONVILLE BCH. FL 32250

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGIST, DAVID	
STREET ADDRESS	1749 SEMINOLE RD.	
CITY-ST-ZIP	ATLANTIC BCH, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAGIST, CYNTHIA	
STREET ADDRESS	1749 SEMINOLE RD	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAGIST, CHRISTOPHER	
STREET ADDRESS	2286 PEERLESS LANE W	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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: *David Hagist*

4/17/06 904874-884