2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **DOCUMENT # 393278 Secretary of State** 1. Entity Name POMPANO MERCANTILE CO., INC. Principal Place of Business Mailing Address 3100 N.E. 47 CT. 114 N FLAGLER AV POMPANO BEACH FL 33060 LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1371252 Not Applied Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOZARTH, NANCY V. Street Address (P.O. Box Number is Not Acceptable) 3100 N.E. 47 COURT FORT LAUDERDALE FL 33308 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. Lam familiar with, and accuracy the obligations of registered agent SIGNATURE Signature, typed in printed name of registered agent and lifts if applicable (NOTE: Registered Agent signature required when remislating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May 9. Electron Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fed Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete HILE ☐ Change ☐ A.·· NAME BOZARTH, NANCY V. NAME STREET ADDRESS STREET ADDRESS 3100 N.E. 47TH CT., #13 UUUUNN**47**2849 03/<u>30/06-80010-010 150.0</u>0 CITY-ST-ZIP FORT LAUDERDALE FL 33308 OTY-ST-7/2 TITI F VP ☐ Defete TITLE ☐ Change NAME JONES, CHERYL B. MANIE STREET ADDRESS STREET ADDRESS 712 PINEYWOODS DR CITY-ST-ZIP LAGRANGE GA 30240 CITY-ST- 2IP TITLE ☐ Delete MLE Change T Add NAME BOZARTH, EUGENE M. III NAME STREET ADDRESS STREET ADDRESS 2750 NE 10TH TERR DITY-ST-ZIP POMPANO BEACH FL 33064 CHY-ST-2P TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CHTY-ST-ZIP BILLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZW TOTALE HRLE ☐ Defete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-762 CITY-ST-ZIP

FILED

Mar 20, 2006 08:00 AM

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. (further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under dath, that I am an officer or discording 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 if changed, or on an attachment with an address, with all other fixe empowered.

SIGNATURE: