## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE;

## Feb 17, 2006 08:00 AM DOCUMENT # 576603 Secretary of State 1. Entity Name PRESTIGE MANAGEMENT CORPORATION Mailing Address Principal Place of Business 10031 DEER LN NEW PORT RICHEY FL 34654 10031 DEER LN NEW PORT RICHEY FL 34654 3. Mailing Address 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1833406 Not Applicable Zip Country Country Zιο \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CURLEY, GERALD M Street Address (P.O. Box Number is Not Acceptable) **10031 DEER LN NEW PORT RICHEY FL 34654** 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, typed or printed name of registered agent and title if applicable. (MOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition [1] TITLE כום ☐ Defete TITLE Change NAME CURLEY, GERALD M. NAME STREET AODRESS STREET ADDRESS 10031 DEER LN CITY-ST-ZIP NEW PORT RICHEY FL 34654 CITY-ST-ZIP Delete ☐ Change Aggillar U00000438798 NAME. CURLEY, MARIA O. NAME 03/01/06-80021-005 150.00 STREET ADORESS STREET ADDRESS 10031 DEER LN CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34654 □ Model Delete ☐ Change TITLE TITLE VD NAME CURLEY, DAVID M. NAME STREET ADDRESS STREET ADDRESS 10031 DEER LANE CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34654 SD ☐ Defete Change Addition TITLE TITLE CURLEY, RICHARD 8 NAME STREET ADDRESS 19221 SW 15TH AVE STREET ADDRESS NEWBERRY FL 32669 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DDE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP HILE Defete HILE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-SI-IN 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.

FILED

2/15/06 -727-856.2196