## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # 588294** 04-27-2006 90390 001 \*\*\*\*50.00 FALLS COMPANY OF LONGBOAT KEY, INC. 04-27-2006 90390 002 \*\*\*\*50.00 04-27-2006 90390 003 \*\*\*\*50.00 Principal Place of Business Mailing Address PO BOX 1370 PO BOX 1370 ANNA MARIA, FL 34216 ANNA MARIA, FL 34216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-1848214 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FALLS, ARTHUR J. Street Address (P.O. Box Number is Not Acceptable) 3303 RINGWOOD MEADOW SARASOTA, FL 34235 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CD ☐ Delete TITI F Change ☐ Addition TITLE FALLS, ARTHUR J. NAME NAME 3303 RINGWOOD MEADOW STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA, FL 34235 CITY-ST-ZIP TITLE ☐ Delete TITL F ■ Addition 1404 63rd St NW Bradenton FL 34109 NAME FALLS, JOSEPH S NAME STREET ADDRESS 8404 MARINA DR. STREET ADDRESS CITY-ST-ZIP HOLMES BCH, FL 34217 CITY-ST-ZIP Addition TITLE Delete TITLE FALLS, BETSY A NAME NAME 3303 Ringwood Meadow Sarasota FL 34235 STREET ADDRESS 986 CASA SOLANA STREET ADDRESS CITY-ST-ZIP WHEATON, IL-60187 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I 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 oath; that I am an officer or director of the corporation or the receiver of 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 amer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**FILED**