

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90337 039 \*\*\*150.00

**DOCUMENT # 634404**

1. Entity Name

ARMBRUSTER-REALTY, INC.



Principal Place of Business

257 US HWY 90 E  
DEFUNIAK SPRINGS FL 32435  
US

Mailing Address

PO BOX 635  
DEFUNIAK SPRINGS FL 32435  
US



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  
59-1929811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARMBRUSTER, COLLEEN M  
257 US HWY 90 E  
SUITE 3  
DEFUNIAK SPRINGS FL 32435

Name

Street Address (P.O. Box Number is Not Acceptable)

Please delete Suite 3

City

FL

Zip Code

32433

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

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete  
NAME ARMBRUSTER, COLLEEN M  
STREET ADDRESS 35 ARD ST  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE V/M ☐ Change ☒ Addition  
NAME HYLAND, DENISE ANNETTE  
STREET ADDRESS 1060 JOHN WHITE ROAD  
CITY-ST-ZIP DEFUNIAK SPRINGS, FL 32435

TITLE P ☐ Delete  
NAME ARMBRUSTER, COLLEEN M.  
STREET ADDRESS 35 ARD ST  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME ARMBRUSTER, COLLEEN M.  
STREET ADDRESS 35 ARD ST  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Colleen M. Armbuster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COLLEEN M. ARMBUSTER, P 4-5-06 850-892-2115  
Date Daytime Phone #