## **FILED** 2006 FOR PROFIT CORPORATION Feb 01, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT #659603** AMERICAN PEMBROKE, INC. Mailing Address Principal Place of Business 13 NORTH SECTION ST. 13 NORTH SECTION ST. FAIRHOPE, AL 36532 FAIRHOPE, AL 36532 01252006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1980647 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGFORD, RICHARD C DO NOT WRITE 160 EAST SUMMERLIN STREET STE, 202 IN THIS SPACE BARTOW, FL 33830-4641 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 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 U00000412801 92/10/06-80062-013 150.00 OFFICERS AND DIRECTORS 10. TITLE LANE, FLEETWOOD T. NAME 13 N SECTION ST STREET ADDRESS CITY - ST - ZIP FAIRHOPE, AL 36532 माम ह NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP nne IN THIS SPACE STREET ADDRESS CITY - ST - ZIP TITLE MAME STREET ADDRESS CITY - SY-ZIP TITLE

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 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 distancement of 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY -ST - ZIP

FLEETWOOD T. LANE

1/25/06

251.990.0031

Oaytime Phone #