2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 681689

1. Entity Name
NANNIE LEE'S STRAWBERRY MANSION, INC.

Principal Place of Business
1218 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

Mailing Address
1218 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

01262006 No Chg-P R 1 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2107107
Applied For
Not Applicable

5. Certificate of Status Desired
3.75 Additional Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT J
1218 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

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8. The above named entity submits this statement for the purpo changing its registered office or registered agent, or both, in the State of F iliar with, and accept the obligations of registered agen

SIGNATURE
Signature, typed or printed nam of registered agent and title if appl ble. (NOTE: Registered Agent signature required when reinstat g)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTOR

TITLE	P
NAME	BROWN, ROBERT
STREET ADDRESS	1218 EAST NEW HAVEN AV
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	V
NAME	BROWN, ROBERT J
STREET ADDRESS	1218 E. NEW HAVEN AVE.
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	STD
NAME	BROWN, SUSAN L
STREET ADDRESS	405 2ND AVE.
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	V
NAME	JAQUAYS, LESLIE
STREET ADDRESS	3086 GRACE ST
CITY-ST-ZIP	WEST MELBOURNE, FL 32904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000408225
02/08/06-80039-022 150.00

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12. I hereby certify that the information supplied with this filing ot qualify for the exemptions contained in Chapter 119, Florida Statutes. I that the information indicated on this report or supplemental report is true and ate and that my signature shall have the same legal effect as if made under o n officer or director of the corporation or the receiver or trustee empowered to e this report as required by Chapter 607, Florida Statutes; and that my name ock 10 or Block 11 if changed, or on an attachment with an address, with all oth e empowered.

SIGNATURE: Robert Brown P Robert Brown 1-26-2006 321-724-8078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Phone #