

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 8:00 am
Secretary of State

07-07-2006 90002 049 ****61.25

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07032006 Chg-NP CR2E037 (4/06)

DOCUMENT # 724227 1. Entity Name CONTINENTAL PALACE, INC.					
Principal Place of Business 2199 ASTOR STREET, #601 ORANGE PARK, FL 32073			Mailing Address 2199 ASTOR STREET, #601 ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1457306			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HILL, CHARLOTTE 2199 ASTOR STREET 601 ORANGE PARK, FL 32073			Name Mustafa Akser Street Address (P.O. Box Number is Not Acceptable) 2199 Astor St., Unit 402 City Orange Park, FL Zip Code 32073		
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 Mustafa Akser Signature, typed or printed name of registered agent and title if applicable.		 (NOTE: Registered Agent signature required when reinstating)		7/3/2006 DATE	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, CHARLOTTE 2199 ASTOR ST #202 ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Silverblatt 2199 Astor St., Unit 107 Orange Park, FL 32073 <input checked="" type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Treasurer AKSER, MUSTAFA 2199 ASTOR ST # 402 ORANGE PARK, FL 32073 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Akser, Mustafa 2199 Astor St. # 402 Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOMBANDIG, MICHAEL 2496 SHALIMAR LN ORANGE PARK, FL 32073 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancy Labry 2199 Astor St., Unit 501 Orange Park, FL 32073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 40px; text-align: center;">7</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 40px; text-align: center;">7</div> <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 40px; text-align: center;">7</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 40px; text-align: center;">7</div> <input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 40px; text-align: center;">7</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 40px; text-align: center;">7</div> <input type="checkbox"/> Change <input type="checkbox"/> Add	
12. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 617, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		7/3/2006 904-964-1296 Date Daytime Phone #			