

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F51452

FILED
May 10, 2006
Secretary of State

Entity Name: APOLLO BEACH SHOPPING CENTER, INC.

Current Principal Place of Business:

6022 US HWY 41 N
BOX 164
APOLLO BEACH, FL 33572

New Principal Place of Business:

Current Mailing Address:

238 LAKEVIEW DR.
MORGANTOWN, WV 26508 US

New Mailing Address:

174 LONE PINE DRIVE
MASONTOWN, WV 26542 US

FEI Number: 16-9263841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, ALBERT R SR.
6022 US HWY 41 N
APOLLO BEACH, FL 33572 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BARNES, MARY K
Address: 6022 US HWY 41 N
City-St-Zip: APOLLO BEACH, FL 33572

Title: P () Delete
Name: BARNES, ALBERT R
Address: 6022 US HWY 41 N
City-St-Zip: APOLLO BEACH, FL 33572

Title: P () Delete
Name: BARNES, ALBERT R SR
Address: 235 LAKEVIEW DR
City-St-Zip: MORGANTOWN, WV 26508

Title: D () Delete
Name: BARNES, MARY K
Address: 235 LAKEVIEW DR
City-St-Zip: MORGANTOWN, WV 26508

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BARNES, ALBERT R SR
Address: 174 LONE PINE DRIVE
City-St-Zip: MASONTOWN, WV 26542

Title: D (X) Change () Addition
Name: BARNES, MARY K
Address: 174 LONE PINE DRIVE
City-St-Zip: MASONTOWN, WV 26542

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT R. BARNES, SR.

PRES

05/10/2006

Electronic Signature of Signing Officer or Director

Date