

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # G25435

1. Entity Name
CONTINENTAL ASSOCIATES, INC.



Principal Place of Business
**355 MIAMI AVE
INDIALANTIC, FL 32903**

Mailing Address
**PO BOX 780998
SEBASTIAN, FL 32978**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2344378

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LOSEKE, DOUGLAS R
355 MIAMI AVE
INDIALANTIC, FL 32903**

**DO NOT WRITE
IN THIS SPACE**

6. 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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOSEKE, DOUGLAS R 355 MIAMI AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LOSEKE, COLLEEN 355 MIAMI AVE INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KIRK, MARVIN R 1446 NORBERT ROAD PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000525781
05/04/06-80047-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-06 (321) 777-7016
Date Daytime Phone #