

## 2006 FOR PROFIT CORPORATION

ANNUAL REPORT

#63123

ALHAMBRA PROPERTIES I, INC.



**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90349 047 \*\*\*150.00

Principal Place of Business Mailing Address  
 % JOHN P HOWARD % JOHN P HOWARD  
 3801 ST. JOHNS AVENUE 3801 ST. JOHNS AVENUE  
 PALATKA, FL 32177 PALATKA, FL 32177

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

60029128



03182006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
 59-2384022 Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

HOWARD, JOHN P  
 1606 MONUMENT AVE  
 PORT ST JOE, FL 32456

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DST  
 JAMES, PATRICIA H.  
 400 DESOTO DR  
 MIAMI SPRINGS, FL 33166

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 HOWARD, JOHN P  
 1606 MONUMENT AVE  
 PORT SAINT JOE, FL 32456

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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:

*Patricia A. James*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-06

305  
 885-2689