## 2006 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## FILED **ANNUAL REPORT** Mar 02, 2006 08:00 AN DOCUMENT # G74295 **Secretary of State** 1. Entity Name HAROLD L. PELL MANAGEMENT, INC. Principal Place of Business Mailing Address 14337 STIRRUP LANE POST OFFICE BOX 2319 WELLINGTON, FL 33414 PALM BEACH, FL 33480 02132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2351201 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EUGENE W. MURPHY, JR., ESQ. DO NOT WRITE 340 ROYAL PALM WAY SUITE 100 IN THIS SPACE PALM BEACH, FL 33480 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 Apent sonature required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE PELL, HAROLD L NAME STREET ADDRESS 14337 STIRRUP LANE CITY-ST-ZIP WELLINGTON, FL 33414 TITLE 17/1/17/04/5/2014 NAME U x 14/03-10039-017 350 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CUTY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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.

AROLD L. PELL 07-13-2006 561.793-3374 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF