

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90286 039 \*\*\*158.75

**60025562**



02012006 Chg-P CR2E034 (11/05)

4. FEI Number **59-2365014** Applied For ☐ Not Applicable ☐

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

## 6. Name and Address of Current Registered Agent

NICHOLASON, JOHN J.  
3446 SW ARMELLINI AVE.  
PALM CITY, FL 34990

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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	VD	<input checked="" type="checkbox"/> Delete
NAME	ARMELLINI, SARAH	
STREET ADDRESS	541 SW FALCON STREET	
CITY-ST-ZIP	PALM CITY, FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ARMELLINI, J.	
STREET ADDRESS	541 SW FALCON STREET	
CITY-ST-ZIP	PALM CITY, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ARMELLINI, RICHARD	
STREET ADDRESS	2453 PROVENCE CIR.	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	STD	<input type="checkbox"/> Delete
NAME	NICHOLASON, JOHN J.	
STREET ADDRESS	1149 SW HOGAN ST.	
CITY-ST-ZIP	PT. ST. LUCIE, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ARMELLINI, STEPHEN	
STREET ADDRESS	6820 APPALOOSA TR	
CITY-ST-ZIP	FORT LAUDERDALE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ARMELLINI, DAVID	
STREET ADDRESS	2905 SW GULL HARBOR LANE	
CITY-ST-ZIP	PALM CITY, FL	

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

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merritt, James T.	
STREET ADDRESS	10410 S. Ocean Dr., #1007	
CITY-ST-ZIP	Jensen Beach, FL 34957	
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armellini, J.	
STREET ADDRESS	1930 SW Crane Creek Ave	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armellini, Richard	
STREET ADDRESS	5420 Via Olas	
CITY-ST-ZIP	Newbury Park, CA 91320	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Drury, Jeffrey	
STREET ADDRESS	16227 SW Two Wood Way	
CITY-ST-ZIP	Indiantown, FL 34956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Armellini, David	
STREET ADDRESS	611 NW Sunset Drive	
CITY-ST-ZIP	Stuart, FL 34994	

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: John J. Nicholason John J. Nicholason, Sec/Trsr 3/29/06 772-287-0575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #