2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)				FILED Mar 16, 2006 8:00 am
1. Entity Name	MENT_#, J 4 5440	,		Secretary of State
•	PROPERTY, INC.			03-16-2006 90241 049 ***150.00
Principal Place	e of Business	Mailing Address		-
3404 ALOM WINTER PAP US	A AVE. RK FL 32792	PO BOX 456 SAPPHIRE NC 28774 US		
10	lace of Business	3. Mailing Address	1 AU.	
Suite, Apt.	<u>ALOMA 90:</u> #, etc. # 203	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State	e a a a	City & State WINTER PARM	_	4. FEI Number 59-2745170 Applied For Not Applicable
Zip 3278	Country		Country	5. Certificate of Status Desired Status Desired Status Desired Fee Required
	6. Name and Address of Current			7. Name and Address of New Registered Agent
DENTON, JACQUELINE J. 690 ALOMA AVE. # 203 WINTER PARK FL 32789				s (P.O. Box Number is Not Acceptable)
	· · · · · · · · · · · · · · · · · · ·		City	FL Zip Code
	r enamed entity submits this statement for tions of registered agent.	or the purpose of changing its re-	gistered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -	2			
1	Signature, typed or priviled name of registered agen	t and title # applicable. (NOTE: Related to the second sec	Registered Agent signature recou	aread when reinstaling) DATE
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department c			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Make Offect	ى مەربىيە كەنتىكى <u>تەربىيە تەربىيە تەربىيە تەربىيە ت</u> ەربىيە تەربىيە تەربىيە تەربىيە تەربىيە تەربىيە تەربىيە تەربى			
10.		D DIRECTORS	11. TILE Pa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. Title NAME	PD DENTON, JACQUELINE J.		TITLE PA NAME DE, STREET ADDRESS	Change Addition
10. TITLE NAME STREET ADDRESS	PD	D DIRECTORS	TITLE PA NAME DE, STREET ADDRESS	Change Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD DENTON, JACQUELINE J. 23-A CLUB DR. SAPPHIRE NC 28774 STD DENTON, ROBERT J	D DIRECTORS	TITLE PA NAME DE, STREET ADDRESS	Change Addition
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