


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90005 004 \*\*\*150.00

<b>DOCUMENT # J50744</b> 1. Entity Name <b>A.F.I.C. INVESTMENTS, INC.</b>					
Principal Place of Business <b>3987 NW ST UNIT #13 PENSACOLA, FL 32505</b>			Mailing Address <b>P O BOX 17898 PENSACOLA, FL 32522</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2752486</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>EMMANUEL, PATRICK G. 30 SOUTH SPRING PENSACOLA, FL 32501</b>				7. Name and Address of New Registered Agent Name <b>Ronald Anthony BAROCO</b> Street Address (P.O. Box Numbers Not Acceptable) <b>6706 N 9th Ave</b> <b>Bldg D-22</b> City <b>PENSACOLA</b> FL Zip Code <b>32504</b>	
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 <u><i>Ronald Anthony Baroco</i></u> <b>3/14/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAROCO, RONALD ANTHONY 6706 N. 9TH AVE. PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ronald Anthony Baroco 14320 River Road PENSACOLA FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAROCO, J H JR 6706 NORTH 9TH AVENUE PENSACOLA, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vicki Ann Baroco 1182 E. Lakeview Ave PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAROCO, VICKI ANN 6706 N. 9TH AVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Mary Antonia Noonan 1301 Soundview Tr. Gulf Breeze FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOONAN, MARY ANTONIA 6706 N. 9TH AVE PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Mary Antonia Noonan 1301 Soundview Tr. Gulf Breeze FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Mary Antonia Noonan 1301 Soundview Tr. Gulf Breeze FL 32561	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Mary Antonia Noonan 1301 Soundview Tr. Gulf Breeze FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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: <u><i>Ronald Anthony Baroco</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/14/06 850-529-4531 <small>Date Daytime Phone #</small>		

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