

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-24-2006 90375 037 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # J88428 1. Entity Name HOUSE OF REMNANTS, INC. | | | | | |
| Principal Place of Business 8620 N. DAVIS HWY. PENSACOLA, FL 32514 | | | Mailing Address 8620 N. DAVIS HWY. PENSACOLA, FL 32514 | | |
| 2. Principal Place of Business 2330 S Highway 29 Suite, Apt. #, etc. | | 3. Mailing Address 2330 S highway 29 Suite, Apt. #, etc. | | | |
| City & State Cantonment Fla | | City & State Cantonment Fla | | 4. FEI Number 59-2862576 | |
| Zip 32532 | | Country Escambia | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MILLER, RAY W. 8620 N. DAVIS HWY. PENSACOLA, FL 32514 | | | 7. Name and Address of New Registered Agent Name: Miller Ray W Street Address (P.O. Box Number is Not Acceptable) 2330 S. Highway 29 City: Cantonment FL Zip Code: 32533 | | |
| 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>Ray W Miller</u> DATE: <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 | P MILLER, RAY W 8620 N. DAVIS HWY. PENSACOLA, FL 32514 | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Ray W Miller</u> DATE: <u>4/21/06</u> DAYTIME PHONE: <u>850 450 7619</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |