

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L25528

1. Entity Name
10TH AVENUE TEXACO, INC.



Principal Place of Business
**772 MUIRFIELD DR.
ATLANTIS FL 33462
US**

Mailing Address
**772 MUIRFIELD DR.
ATLANTIS FL 33462
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0166188** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**DRAKE, CHARLES D.
772 MUIRFIELD CIRCLE
ATLANTIS FL 33462**

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPAS	<input type="checkbox"/> Delete
NAME	DRAKE, CHARLES D.	
STREET ADDRESS	772 MUIRFIELD CIR	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	MELEAR, LAURA D	
STREET ADDRESS	541 MUIRFIELD DR.	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	DRAKE, CAROL K	
STREET ADDRESS	772 MUIRFIELD CIRCLE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSTBY, BETSY	
STREET ADDRESS	772 MUIRFIELD CIRCLE	
CITY-ST-ZIP	ATLANTIS FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **CHARLES D. DRAKE** 1-26-06 561-641-6225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR