


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000004708					
1. Entity Name NEW SMYRNA COLONY PRESERVATIONISTS, INC					
Principal Place of Business PO BOX 236 EDGEWATER FL 32132			Mailing Address PO BOX 236 EDGEWATER FL 32132		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-2150419	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HUMPHREY, JAMES D 412 TIMBERLAND DR NEW SMYRNA BEACH FL 32168				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
DATE _____					



1st MOORE CR2E037 (10/05)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	HUMPHREY, JAMES D		NAME	U000000414708			
STREET ADDRESS	412 TIMBERLAND DR		STREET ADDRESS	02/11/06-80047-022 61.25			
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	NEWELL, RICHARD		NAME				
STREET ADDRESS	808 LOCUST ST		STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	BAYLES, RONALD L		NAME				
STREET ADDRESS	503 N CAUSEWAY #501		STREET ADDRESS				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME	PADDON, WILLIAM H		NAME				
STREET ADDRESS	5080 NW 8TH AVE		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 617, 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: *Richard Newell* **RICHARD NEWELL** 1/30/06