


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

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005619
 1. Entity Name
SECRET SANTA, INC.




Principal Place of Business: **5731 DUNE AVENUE PENSACOLA FL 32507**
 Mailing Address: **P.O. BOX 34477 PENSACOLA FL 32507**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

6. Name and Address of Current Registered Agent
STROMQUIST, BILL
5731 DUNE AVENUE
PENSACOLA FL 32507



1st MOORE CR2E037 (10/05)
 4. FEI Number: **42-1632922**
 Applied For: Not Applied:
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reestablishing) DATE: _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution: **\$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: DP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: STROMQUIST, BILL		NAME: _____	
STREET ADDRESS: 5731 DUNE AVENUE		STREET ADDRESS: _____	
CITY-ST-ZIP: PENSACOLA FL 32507		CITY-ST-ZIP: _____	
TITLE: DVT	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: YOUNG, BRIAN		NAME: _____	
STREET ADDRESS: P.O. BOX 34477		STREET ADDRESS: _____	
CITY-ST-ZIP: PENSACOLA FL 32507		CITY-ST-ZIP: _____	
TITLE: DS	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: MANNING, DIANA		NAME: _____	
STREET ADDRESS: P.O. BOX 34477		STREET ADDRESS: _____	
CITY-ST-ZIP: PENSACOLA FL 32507		CITY-ST-ZIP: _____	
TITLE: D	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: BRADDOCK, JAN		NAME: _____	
STREET ADDRESS: P.O. BOX 34477		STREET ADDRESS: _____	
CITY-ST-ZIP: PENSACOLA FL 32507		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.