

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000720

Entity Name: FLORIDA FURY, CORP.

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

1021 FOGGY BROOK PLACE
LONGWOOD, FL 32750

New Principal Place of Business:

2901 W. STATE ROAD 434
SUITE 101
LONGWOOD, FL 32779

Current Mailing Address:

1021 FOGGY BROOK PLACE
LONGWOOD, FL 32750

New Mailing Address:

2901 W. STATE ROAD 434
SUITE 101
LONGWOOD, FL 32779

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRYOR, JOANNA
1515 CUTHILL WAY
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

COLLIER, BLAKE
1746 MAJESTIC OAK DRIVE
APOPKA, FL 32712 US

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.

SIGNATURE: BLAKE COLLIER

04/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COLLIER, BLAKE
Address: 1746 MAJESTIC OAK DR
City-St-Zip: APOPKA, FL 32712

Title: P () Delete
Name: PRYOR, STEVE
Address: 1515 CUTHILL WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: PRYOR, JOANNA
Address: 1515 CUTHILL WAY
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: GEOGHEGAN, HOPE
Address: 1021 FOGGY BROOK PLACE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GRABSKY, ALEXEI
Address: 3400 ROSE MALLOW LOOP
City-St-Zip: OVIEDO, FL 32766

Title: S (X) Change () Addition
Name: MCCRAY, DIANE
Address: 3554 ROLLING HILLS LANE
City-St-Zip: APOPKA, FL 32712

Title: T (X) Change () Addition
Name: COLLIER, JULIE
Address: 1746 MAJESTIC OAK DRIVE
City-St-Zip: APOPKA, FL 32712

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE COLLIER

T

04/30/2006

Electronic Signature of Signing Officer or Director

Date