

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT.

FILED
Feb 09, 2006 8:00 am
Secretary of State

01-17-2006 90246 018 ****61.25

DOCUMENT # N05000008023 1. Entity Name RETIRED AND PROUD, INC.					
Principal Place of Business 8509 WOODWICK CT TAMPA, FL 33615			Mailing Address 8509 WOODWICK CT TAMPA, FL 33615		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address PO Box 262875 Suite, Apt. #, etc.		
City & State City: Tampa, FL			4. FEI Number 87-0750581		
Zip 33685		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUELS, ROBERT J 8509 WOODWICK CT TAMPA, FL 33615				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 renaming) DATE _____					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	D SAMUELS, ROBERT J 8509 WOODWICK CT TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, PATRICIA 5136 PURITAN CIR TAMPA, FL 33617	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWSOME, MONA 1614 E 32ND AVE TAMPA, FL 33610	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard ALSTON PO Box 25031 Tampa FL 33622	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 the reports 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 help empowered.					
SIGNATURE: <u>Richard Alston</u> Date: <u>1/12/2006</u> Daytime Phone #: <u>8137203633</u>					



ATTACHMENT

66000955

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

RETIRED AND PROUD, INC.
P.O. BOX 262875
TAMPA, FL 33685

Subject: **RETIRED AND PROUD, INC.**

Reference Number: **N05000008023**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION