


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N11586</b> 1. Entity Name <b>BRANCH NO. 34, FLEET RESERVE ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 APR 26 AM 9:57</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1715 RAA AVENUE TALLAHASSEE, FL 32303-4415 US</b>				Mailing Address <b>1715 RAA AVENUE TALLAHASSEE, FL 32303-4415 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>HARWOOD, ALAN E 1715 RAA AVENUE TALLAHASSEE, FL 32303-4415</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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 reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REED, EARNEST 814 PEGGY DR. TALLAHASSEE, FL 32311			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LANGLEY, BOB 3632 W. MORELAND DR. TALLAHASSEE, FL 32303			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HARWOOD, ALAN 1715 RAA AVE TALLAHASSEE, FL 32303			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WEICHEL, ROBERT 1912 W INDIANHEAD DR TALLAHASSEE, FL 323014			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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 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.</b>							
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				26/APR/06		850-385-3911	