


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90015 014 ****70.00

DOCUMENT # N14474 1. Entity Name THE FLORIDIANS, INC.			
Principal Place of Business 195 W. MORGAN STREET WINTER GARDEN, FL 34787		Mailing Address P O BOX 423445 KISSIMMEE, FL 34742-3445 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 784475	
City & State Winter Garden FL		4. FEI Number 59-2803425	
Zip 34787		Country U.S.	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LONG, WILLIAM J. 1726 KING PHILLIP DR. KISSIMMEE, FL 32743		7. Name and Address of New Registered Agent Long-William J. 195 W. Morgan St Winter Garden FL 34787	
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 <i>William J Long</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 2/26/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	PD LONG, WILLIAM 195 WEST MORGAN STREET WINTER PARK, FL 34787	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LONG, WILLIAM J II 916 ILLINOIS AVE ST. CLOUD, FL 32769	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LONG, EVELYN S 195 WEST MORGAN STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>William J Long</i>		DATE: 2/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 407-709-5122	