2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36639

Title:

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

Entity Name: DISTRICT SIX, INC.

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
2918 W KE TAMPA, F	ENNEDY BLVE L 33609 US					
Current Mailing Address:			New Maili	New Mailing Address:		
2918 W KE TAMPA, F	ENNEDY BLVE L 33609 US					
FEI Number	: 59-2992605	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
AUSTIN, C 2918 W KE TAMPA, F	ENNEDY BLVE					
	named entity se of Florida.	submits this statement for the pur	pose of changing	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electron					
OFFICERS AND DIRECTORS:					Date	
OFFICER:	S AND DIREC	iic Signature of Registered Agent TORS:		NS/CHANGES	Date TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		TORS: Delete NNIE JEN RD.		P () MEMOLI, ROE 1248 SEVEN S	S TO OFFICERS AND DIRECTORS: (1) Change (1) Addition	
Title: Name: Address:	P () JOHNSON, COI 702 W. LUMSD BRANDON, FL	TORS: Delete NNIE DEN RD. 33511 Delete	ADDITION Title: Name: Address:	P (X MEMOLI, ROE 1248 SEVEN S NEW PORT R V (X MONROE, BR	S TO OFFICERS AND DIRECTORS: (3) Change () Addition BERT BEPRINGS BLVD STE D ICHEY, FL 34655 (3) Change () Addition ADFORD P MPA PALMS BLVD.	

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.

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: CAROL A. AUSTIN TD 03/20/2006

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FRANCE, JENNIFER

BODMER, GEORGE

BRANDON, FL 33511

WEBSTER, PATRICIA

LUTZ, FL 33549

1022 LAND O'LAKES BLVD.

6014 U.S. HWY 19 N #200

NEW PORT RICHEY, FL 34652

110 LITHIA-PINECREST RD #J

(X) Change () Addition

(X) Change () Addition

(X) Change () Addition

TAYLOR, ALICE G

MAUZY, SHERRIE

LUTZ, FL 33549

38122 12TH AVE

PRILLIMAN, MICHAEL

ZEPHYRHILLS, FL 33542

PORT RICHEY, FL 34673

P.O. BOX 386

23026 SR 54