


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**7 Jul 26, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90027 050 \*\*\*150.00

<b>DOCUMENT # P00000007799</b>					
1. Entity Name ANNA MARIA CREAMERY, INC.					
Principal Place of Business 101 S BAY BLVD ANNA MARIA, FL 34216			Mailing Address PO BOX 177 ANNA MARIA, FL 34216		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0981875	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WILCOX, DAVID W ESQ. 308 13TH STREET WEST BRADENTON, FL 34205				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 renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINLEY, LOIS		NAME	Susan Finley Ramsey Brinson	
STREET ADDRESS	PO BOX 177		STREET ADDRESS	P.O. Box 235	
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP	Since 2000	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Anna Maria, FL 34216	
NAME	SHOOK, CHARLES A		NAME	(Sec.)	
STREET ADDRESS	P.O. BOX 177		STREET ADDRESS		
CITY-ST-ZIP	ANNA MARIA, FL 34216		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	RAMSEY, BARBARA		NAME		
STREET ADDRESS	2549 LEIGHTON AVE.		STREET ADDRESS		
CITY-ST-ZIP	HENDERSON, NV 89052		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 607, 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: X <i>Lois Finley</i>			X 7-5-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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