

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90028 040 ***158.75

DOCUMENT # P00000095634 1. Entity Name WILLIAM CUBIDES, INC.			
Principal Place of Business 6322 PALMA DEL MAR BLVD 1003 ST PETERSBURG, FL 33715		Mailing Address 6322 PALMA DEL MAR BLVD 1003 ST PETERSBURG, FL 33715	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address WILLIAM CUBIDES, INC. P.O. Box 46587 St. Petersburg, FL 33741	
4. FEI Number 59-3677956		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUBIDES, WILLIAM D 6322 PALMA DEL MAR BLVD 1003 ST PETERSBURG, FL 33715		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 reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS CUBIDES, WILLIAM D 118TH 52ND AVE W ST. PETE BEACH, FL 33706	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CUBIDES, WILLIAM D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6322 PALMA DEL MAR BLVD. 1003 ST. PETERSBURG, FL 33715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANCHEZ, DORIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6322 PALMA DEL MAR BLVD. 1003 ST. PETERSBURG, FL 33715
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
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
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		William D. CUBIDES; President; 3/16/06; (727) 504-8667	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	