

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P00000097096

1. Entity Name
FELTON & PROSKINE PROPERTIES, INC.



Principal Place of Business
765 TEDDER LK RD
DELEON SPRINGS, FL 32130

Mailing Address
765 TEDDER LK RD
DELEON SPRINGS, FL 32130



02022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3679647

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FLOYD, BRUCE W ESQ
840 W NEW YORK AVE ST A
DELAND, FL 32130

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME PROSKINE, JAMES
STREET ADDRESS 765 TEDDER LK RD
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE D
NAME FELTON, GEOFF
STREET ADDRESS 129 LK CHARLES RD
CITY-ST-ZIP DELAND, FL 32724

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05/11/06-80093-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: James Proskine JAMES PROSKINE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 386-734-4560
Date Daytime Phone #