


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90091 026 ***150.00

DOCUMENT # P01000057848

1. Entity Name
 THE "187" INC.



Principal Place of Business
 970 FRANDCIS ST
 ST AUGUSTINE, FL 32084

Mailing Address
 970 FRANDCIS ST
 ST AUGUSTINE, FL 32084

2. Principal Place of Business
 970 FRANCIS ST
 Suite, Apt. #, etc.

3. Mailing Address
 970 FRANCIS ST
 Suite, Apt. #, etc.

City & State
 St Augustine, FL

City & State
 St Augustine, FL

Zip
 32084

Country

02152006 Chg-P CR2E034 (11/05)

4. FEI Number
 02-0569750

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

40020401



6. Name and Address of Current Registered Agent

PACETTI, VINTON W.
 970 FRANDCIS STREET
 SAINT AUGUSTINE, FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 970 FRANCIS STREET

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	PACETTI, SARAH K	
STREET ADDRESS	970 FRANDCIS ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE	V	<input type="checkbox"/> Delete
NAME	PACETTI, VINTON W	
STREET ADDRESS	970 FRANDCIS ST	
CITY-ST-ZIP	ST AUGUSTINE, FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pacetti, Sarah K.	Correction
STREET ADDRESS	970 Francis St.	
CITY-ST-ZIP	St Augustine, FL 32084	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pacetti, Vinton W	Correction
STREET ADDRESS	970 Francis St.	
CITY-ST-ZIP	St Augustine, FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  DATE: 2/15/06 DAYTIME PHONE #: 904-825-0448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR