

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 Zip 32084 Country		City & State St Augustine, FL Zip 32084 Country	
4. FEI Number 02-0569750		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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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	P PACETTI, SARAH K 970 FRANDCIS ST ST AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pacetti, Sarah K. 970 Francis St. St Augustine, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PACETTI, VINTON W 970 FRANDCIS ST ST AUGUSTINE, FL 32084	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pacetti, Vinton W. 970 Francis St. St Augustine, FL 32084
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 2/15/06 904-825-0478 <small>Daytime Phone #</small>	