

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000122085 1. Entity Name 550 AM BROADCASTING CORP.	
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Principal Place of Business 2070 N. PALAFOX ST. PENSACOLA, FL 32501	Mailing Address 2070 N. PALAFOX ST. PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3483351

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GLINTER, MICHAEL B
2212 INVERNESS DR.
PENSACOLA, FL 32503

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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 _____ (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

000000474565

04/04/06-80028-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLINTER, MICHAEL B 2212 INVERNESS DR. PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLINTER, DARA L 2212 INVERNESS DR. PENSACOLA, FL 32503
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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: Dara L Glinter DARA L GLINTER 3/17/06 850.434.1230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #