


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90001 002 \*\*\*150.00

<b>DOCUMENT # P02000006300</b>					
<b>1. Entity Name</b> ANTHONY MICHAEL GARCIA INC					
<b>Principal Place of Business</b> 2700 GLEN OAKS CIRCLE GULF BREEZE, FL 32561			<b>Mailing Address</b> P O BOX 760 GENEVA, AL 36340		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2700 GLEN OAKS CIRCLE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> GULF BREEZE, FL		<b>4. FEI Number</b> 72-1402448	
<b>Zip</b> 32561		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ELLENBURG, LISA 1136 ENGLISH LANE WESTVILLE, FL 32464			<b>7. Name and Address of New Registered Agent</b> Name: ANTHONY M. GARCIA Street Address (P.O. Box Number is Not Acceptable): 2700 GLEN OAKS CIRCLE City: GULF BREEZE FL Zip Code: 32561		
<b>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.</b> SIGNATURE: <u>Anthony M. Garcia 2-2-06</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PST <b>NAME</b> ANTHONY M. GARCIA <b>STREET ADDRESS</b> 2700 CLEN OAKS CIRCLE <b>CITY - ST - ZIP</b> GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Anthony M. Garcia</u> <b>ANTHONY M. GARCIA</b> <u>2-2-06</u> <u>(850) 932-9911</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					