2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000073119

1. Entity Name
FORGOTTEN BEACH COAST REALTY, INC.

Principal Place of Business	Mailing Address
710 HIGHWAY 98	HC3 BOX 98710
MEXICO BEACH, FL 32410	MEXICO BEACH, FL 32456

DO NOT WRITE IN THIS SPACE

01202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0731024	Not Applicable

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

6. Name and Address of Current Registered Agent

EUBANKS, KAY
710 HIGHWAY 98
MEXICO BEACH, FL 32410

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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	P
NAME	EUBANKS, KAY
STREET ADDRESS	HC 3 BOX 98710
CITY-ST-ZIP	MEXICO BEACH, FL 32456
TITLE	VS
NAME	EUBANKS, CLAYTON T
STREET ADDRESS	HC 3 BOX 98710
CITY-ST-ZIP	MEXICO BEACH, FL 32456

U00000559317
05/17/06-80131-019 150.00

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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: _____ Kay W. Eubanks 4/27/06 850-148-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

ORIGINAL