

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093460

FILED
May 05, 2006
Secretary of State

Entity Name: FINAL CHOICE PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

6325 21 STREET SW
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

6325 21 STREET SW
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 52-2376556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEGG, ROBERT L
1428 21 STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAILES, EMORY J II
Address: 6325 21 STREET SW
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: BAILES, PAULA J
Address: 6325 21 STREET SW
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA J BAILES

SECR

05/05/2006

Electronic Signature of Signing Officer or Director

_____ Date