2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000124666

1. Entity Name
4595 OFFICES, INC.

Principal Place of Business	Mailing Address
4595 LEXINGTON AVE	4595 LEXINGTON AVE
JACKSONVILLE, FL 32210	JACKSONVILLE, FL 32210

DO NOT WRITE IN THIS SPACE

04172006   No Chg-P   CR2E034 (11/05)

4. FEI Number | Applied For
56-2310308 | Not Applicable

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

6. **Name and Address of Current Registered Agent**

WELLS, MARIE
4595 LEXINGTON AVE
JACKSONVILLE, FL 32210

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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 ☐   **$5.00** May Be
Trust Fund Contribution.   Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	WELLS, MARIE
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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05/11/06-80054-001 150.00

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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: _Marie Wells_   4/28/06

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