

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000127976
 1. Entity Name
 ISAAC F. AND JUANITA S. ALBRITTON MANAGEMENT, INC.



Principal Place of Business Mailing Address
 NO. 3 ALBRITTON ROAD P.O BOX 222
 ALTURAS, FL 33820 ALTURAS, FL 33820



04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3736757	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALBRITTON, DALE E
 NO. 3 ALBRITTON ROAD
 ALTURAS, FL 33820

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file # if applicable NOTE: Registered Agent signature required when reinstating

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 NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, DALE E NO. 3 ALBRITTON ROAD ALTURAS, FL 33820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, NICHOLAS F NO. 3 ALBRITTON ROAD ALTURAS, FL 33820
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMOTHERS, SABRENA A 1129 COLONY ARMS DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, CHRISTENA A 11158 CRESCENT BAY BOULEVARD CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCGINNIS, LAURA A 3461 BLACKJACK COURT LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBRITTON, JERRERSON D NO. 3 ALBRITTON ROAD ALTURAS, FL 33820

100000559288
 05/17/06-80131-004 150.00

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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: *Nicholas F Albritton* V. Pres 4/26/06 863-537-1343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #