

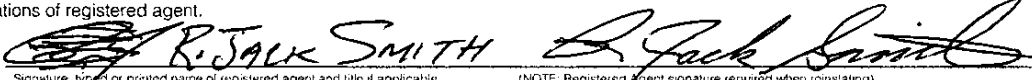
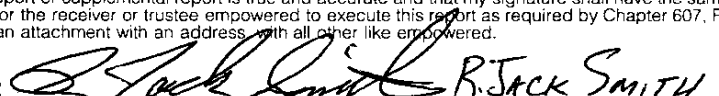


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90247 047 ***158.75

DOCUMENT # P03000037016 1. Entity Name SGT. MAJ. MICHAEL CURTIN, DET. 1124 INC.					
Principal Place of Business SGT. MAJ. MICHAEL CURTIN, DET 1124 IN P.O. BOX 332 ZEPHYRHILLS FL 33541			Mailing Address SGT. MAJ. MICHAEL CURTIN, DET 1124 IN P.O. BOX 332 ZEPHYRHILLS FL 33541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 01-0775331				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STIMPSON, KIRK W KIRK W. STIMPSON 39905 RICHLAND RD ZEPHYRHILLS FL 33540				7. Name and Address of New Registered Agent Name SMITH, R. JACK Street Address (P.O. Box Number is Not Acceptable) 37516 BINGO BLVD. City ZEPHYRHILLS FL 33541	
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  R. JACK SMITH 3-6-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when consulting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHARLES R. FULK 35027 GLOSSON CIRCLE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JON W THOMAS 35022 SATEEN DR ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JON W. THOMAS 14816 JOHNS RD DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN T KORROWSKI P.O. BOX 890 ZEPHYRHILLS FL 33539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM R. HERENDEEN 11642 COVE LN. DADE CITY FL 33525	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREDERICK A. CUSTER 37345 KATHYS CIRCLE ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KIRK W. STIMPSON 39905 RICHLAND RD. ZEPHYRHILLS FL 33540	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R JACK SMITH 37516 BINGO BLVD ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  R. JACK SMITH 3-6-06 813-715-4508 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					