


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

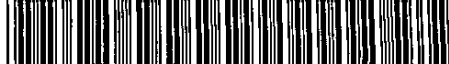
04-24-2006 90456 008 ***150.00

DOCUMENT # P03000082993	
1. Entity Name MILITARY REUNIONS, INC.	

Principal Place of Business 2175 KINGSLEY AVE. 108 ORANGE PARK FL 32073 US	Mailing Address 2175 KINGSLEY AVE. 108 ORANGE PARK FL 32073 US
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2. Principal Place of Business 3103 Country Club Blvd	3. Mailing Address 3103 Country Cl. Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OP FL	City & State Orange Park FL
Zip 32073	Zip 32073
Country USA	Country USA

	
1st MOORE	CR2E034 (10/05)
4. FEI Number 20-0580738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERGUSON, RHONDA C 3103 COUNTRY CLUB BLVD ORANGE PARK FL 32073	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 file 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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELANEY, KEVIN F 2175 KINGSLEY AVE. STE. 108 ORANGE PARK FL 32073 <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	V FERGUSON, RHONDA C 2175 KINGSLEY AVE. STE. 108 ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rhonda Ferguson Rhonda Ferguson 4-10-06 9042342434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #