2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000099540

1. Entity Name
KAMBREON PROPERTIES, INC.

Principal Place of Business	Mailing Address
4206 NORTH P STREET PENSACOLA, FL 32505	4206 NORTH P STREET PENSACOLA, FL 32505

01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0478000

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, RONALD A
4206 NORTH P STREET
PENSACOLA, FL 32505

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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 title 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

U00000495496
04/21/06-80012-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, RONALD A
STREET ADDRESS	212 NEWBERRY STREET
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	S
NAME	LANGLEY, MARINA D
STREET ADDRESS	8200 CHELLIE ROAD
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	T
NAME	HOWARD, JAMES F
STREET ADDRESS	725 GENTICA DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Ronald Johnson 850-476-7746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #