

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155363

FILED  
Jun 12, 2006  
Secretary of State

Entity Name: DOWNING DEVELOPMENT SERVICES, INC.

## Current Principal Place of Business:

51 RIVER TRAIL DR.  
PALM COAST, FL 32137

## New Principal Place of Business:

## Current Mailing Address:

51 RIVER TRAIL DR.  
PALM COAST, FL 32137

## New Mailing Address:

FEI Number: 20-1584664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOWELL, SIDNEY M  
300 N. STATE ST.  
BUNNELL, FL 32110 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MANFRE, CORNELIA D  
Address: 51 RIVER TRAIL DR.  
City-St-Zip: PALM COAST, FL 32137

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MANFRE, JAMES L  
Address: 51 RIVER TRAIL DRIVE  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES MANFRE

D

06/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date