


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90014 026 ***150.00

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|--|---|---|---|---|---|
| DOCUMENT # P04000029212 1. Entity Name ADVANCED PROPERTY MANAGEMENT OF CENTRAL FLORIDA, INC. | | | |  | |
| Principal Place of Business 372 COBBLEWOOD DR ROCKLEDGE, FL 32955 | | | Mailing Address 372 COBBLEWOOD DR ROCKLEDGE, FL 32955 | | |
| 2. Principal Place of Business 1978 Rockledge Blvd | | 3. Mailing Address 1978 Rockledge Blvd | | | |
| Suite, Apt. #, etc. Suite 106 | | Suite, Apt. #, etc. Suite 106 | | | |
| City & State Rockledge FL | | City & State Rockledge FL | | | |
| Zip 32955 | | Country USA | | Zip 32955 | |
| Country USA | | Country USA | | | |
| 6. Name and Address of Current Registered Agent LARKIN, DAVID G 1900 S HICKORY ST, STE A MELBOURNE, FL 32901 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 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 | PV MOORE, VAN 372 COBBLEWOOD DR ROCKLEDGE, FL 32955 | | <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 | ST MOORE, DIANNA 372 COBBLEWOOD DR ROCKLEDGE, FL 32955 | | <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 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: <u><i>Van C Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-26-06 321-636-4889 <small>Date Daytime Phone #</small> | | |