2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P04000075395

1. Entity Name 1-800-PROBATE, INC.



FILED Jan 06, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2317 N WICKHAM ROAD MELBOURNÉ, FL 32935 2317 N WICKHAM ROAD MELBOURNE, FL 32935



01032006

No Chg-P

CR2E034 (11/05)

4. FEI Number 41-2140048

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COURTNEY-PETERSON, JOYCE 2317 N WICKHAM ROAD MELBOURNE, FL 32935

SIGNATURE:

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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 Signature, typed or priviled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
Signature, typed of privide registered again and river applicable. ITO IT, registered Again Signature required which insteading.					
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, CARL III 2317 N. WICKHAM RD. MELBOURNE, FL 32935				U00000378541 01/03/06-80011-006 150.00
TITLE NAME STREET ADDRESS CITY+ST+ZIP	T PETERSON, CHASE 4085 LAKE WASHINGTON RD MELBOURNE, FL 32934				U00000378541 01/09/06-80011-007 8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, JOYCE 2317 N WICKHAM ROAD MELBOURNE, FL 32935			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PETERSON, CARL IV 4085 LAKE WASHINGTON RD. MELBOURNE, FL 32935			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					