

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90265 020 ***158.75

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01092006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000079137			
1. Entity Name JOHN MABEN RARE COINS, INC.			
Principal Place of Business P. O. BOX 2128 ONECO, FL 34264		Mailing Address P. O. BOX 2128 ONECO, FL 34264	
2. Principal Place of Business 9015 Town Center PKWY Suite, Apt. #, etc. Suite 101		3. Mailing Address 9015 Town Center PKWY Suite, Apt. #, etc. Suite 101	
City & State LAKEWOOD RANCH, FL		City & State LAKEWOOD RANCH, FL	
Zip 34202	Country	Zip 34202	Country
4. FEI Number 20-1132534		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MABEN, JOHN F 10044 CHERRY HILLS AVE. CIR. BRADENTON, FL 34202		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 <u><i>John M. Maben</i></u> 1-10-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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	D MABEN, JOHN F 10044 CHERRY HILLS AVE. CIR. BRADENTON, FL 34202 <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	D MABEN, DONNA K 10044 CHERRY HILLS AVE. CIR. BRADENTON, FL 34202 <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>JOHN M. MABEN</i></u> 1-10-06 941-907-8050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			