

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90117 026 ***150.00

DOCUMENT # P04000098337 1. Entity Name FEATURE MEETINGS AND EVENTS, INC					
Principal Place of Business 4787 LAKELY DRIVE TALLAHASSEE, FL 32303			Mailing Address 4787 LAKELY DRIVE TALLAHASSEE, FL 32303		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FSB Number APPLIED FOR 20-133540	
5. Certificate of Status Desired ☐				Applied for (Not Applicable) \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDEN, BRENDA D 3172 HUNTINGTON WOODS BLVD TALLAHASSEE, FL 32303				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>Brenda D. Harden</u> DATE <u>4/20/06</u> (Signature of person named in 6. or registered agent (not applicable). (NOTE: Registered agent's signature required when reissuing). (NOTE: Registered agent's signature required when reissuing). (NOTE: Registered agent's signature required when reissuing).)					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P HARDEN, BRENDA D 4787 LAKELY DRIVE TALLAHASSEE, FL 32303	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST HARDEN, HAROLD G 4787 LAKELY DRIVE TALLAHASSEE, FL 32303	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 189, 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 687, 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>Brenda D. Harden</u>			DATE: <u>4/20/06</u> (850) <u>222-7559</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		