

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90024 035 \*\*\*150.00

**DOCUMENT # P04000114605**

1. Entity Name  
**PRESTWICK 12, INC.**



Principal Place of Business

**4411 E. ARLINGTON ST.  
INVERNESS, FL 34453**

Mailing Address

**4411 E. ARLINGTON ST.  
INVERNESS, FL 34453**

2. Principal Place of Business

**107 NE 4th Street**

Suite, Apt. #, etc.

3. Mailing Address

**107 NE 4th Street**

Suite, Apt. #, etc.



04032006 Chg-P CR2E034 (11/05)

City & State  
**Crystal River, FL**

Zip  
**34429**

Country  
**Citrus**

City & State  
**Crystal River, FL**

Zip  
**34429**

Country  
**Citrus**

4. FEI Number  
**20-1482229**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KITCHEN, RONALD E JR.  
4411 E. ARLINGTON ST.  
INVERNESS, FL 34453**

7. Name and Address of New Registered Agent

Name  
**Kitchen, Ronald E Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**107 NE 4th Street**

City  
**Crystal River**

**FL**

Zip Code  
**34429**

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]* **Ronald Kitchen Jr.**

**4/6/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**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

TITLE  
**P** ☒ Delete  
NAME  
**BROWN, MARK W**  
STREET ADDRESS  
**P.O. BOX 23645**  
CITY-ST-ZIP  
**HILTON HEAD, SC 29925**

TITLE  
**D,VP** ☐ Delete  
NAME  
**LAGREE, TERRILL A**  
STREET ADDRESS  
**3631 N. MOSS CREEK POINT**  
CITY-ST-ZIP  
**LECANTO, FL 34461**

TITLE  
**VD** ☐ Delete  
NAME  
**WHITE, W. DOUGLAS**  
STREET ADDRESS  
**505 HUMPHRIES**  
CITY-ST-ZIP  
**SAFETY HARBOR, FL 34695**

TITLE  
**VD** ☐ Delete  
NAME  
**WHEARY, TOM M**  
STREET ADDRESS  
**3814 SERENADE LANE**  
CITY-ST-ZIP  
**LAKELAND, FL 33811**

TITLE  
**D/ST** ☐ Delete  
NAME  
**KITCHEN, RONALD E JR.**  
STREET ADDRESS  
**220 S.E. 2ND PL**  
CITY-ST-ZIP  
**CRYSTAL RIVER, FL 34429**

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**V/D** ☐ Change ☒ Addition  
NAME  
**Brown, Cindy**  
STREET ADDRESS  
**70 Baywood Drive**  
CITY-ST-ZIP  
**Bluffton, SC 29910**

TITLE  
**P** ☒ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
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.

SIGNATURE:

*[Signature]* **RONALD KITCHEN JR.**

**352**  
**350/W. 4/6/07 795-9010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #