


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-21-2006 90001 007 ***158.75

DOCUMENT # P04000119815			
1. Entity Name PAWNEE & ASSOCIATES, INC.			
Principal Place of Business 18 MILLIE DRIVE JACKSONVILLE BEACH, FL 32250		Mailing Address 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250	
2. Principal Place of Business 880 Hwy A1A N. Suite, Apt. #, etc. # 5		3. Mailing Address 880 Hwy A1A N. Suite, Apt. #, etc. Ste 5	
City & State Ponte Vedra Beach, FL		City & State Ponte Vedra Beach, FL	
Zip 32082		Country St. Johns	
6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name: Pawnee Weaver Street Address (P.O. Box Number is Not Acceptable): 880 Hwy A1A N., # 5 City: Ponte Vedra Beach FL Zip Code: 32082	
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: Pawnee Weaver DATE: April 20, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, PAWNEE C 18 MILLIE DRIVE JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Pawnee Weaver 880 Hwy A1A N., # 5 Ponte Vedra Beach, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Pawnee Weaver, Pres. Pawnee Weaver, Pres. 6-15-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



06142006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1535277
Applied For
Not Applicable

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

904-273-4785