

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000157539
 1. Entity Name
 FORTITUDE EXPLORATION COMPANY



Principal Place of Business
 9991 NAVARRE PARKWAY
 NAVARRE, FL 32566

Mailing Address
 PO BOX 5417
 NAVARRE, FL 32566-0417



02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 76-0026848

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DILLON, GREGORY P
 9991 NAVARRE PARKWAY
 NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DILLON, GREGORY P
STREET ADDRESS	9991 NAVARRE PARKWAY
CITY - ST - ZIP	NAVARRE, FL 32566
TITLE	P
NAME	DILLON, GREGORY P
STREET ADDRESS	9991 NAVARRE PARKWAY
CITY - ST - ZIP	NAVARRE, FL 325660417
TITLE	S
NAME	DILLON, BARBARA A
STREET ADDRESS	9991 NAVARRE PARKWAY
CITY - ST - ZIP	NAVARRE, FL 325660417
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000514748
 04/29/06-80180-024 158.75

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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: *Gregory P. Dillon* *Gregory P. Dillon* *President* *Barbara A. Dillon* *Secretary* *Gregory P. Dillon* *President* *Barbara A. Dillon* *Secretary*

DATE: 4-17-06 DAYTIME PHONE: 850-939-6966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #