

2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-16-2006 90054 031 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000021667

1. Entity Name
FORT ALAFIA ARCHITECTURAL ANTIQUES, INC.



Principal Place of Business: **8002 STATE ROAD 39 SOUTH
PLANT CITY, FL 33567**

Mailing Address: **8002 STATE ROAD 39 SOUTH
PLANT CITY, FL 33567**

2. Principal Place of Business: **8102 State Road 39 South**

3. Mailing Address: **8102 S.R. 39 So.**

Suite, Apt. #, etc.:



01082006 Chg-P CR2E034 (11/05)

City & State: **Plant City FL**

City & State: **Plant City FL**

Zip: **33567** Country: **U.S.A.**

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4. FEI Number: **59-3811742**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

SPANGENBERG, STEVEN
8006 STATE ROAD 39 SOUTH
PLANT CITY, FL 33567

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: _____

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 \$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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPANGENBERG, STEVEN 8006 STATE ROAD 39 SOUTH PLANT CITY, FL 33567 <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	VPT HARVEY, BETTE 8002 STATE ROAD 39 SOUTH PLANT CITY, FL 33567 <input checked="" 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: *Steven Spangenberg* **1/10/06** **(813)892-7069**

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