

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 042 ***150.00

40100659



07102006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3088087** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

PEEK, J. JACOB R
ONE INDEPENDENT DRIVE SUITE 2600
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name **Frederick J. Wainio Jr**
Street Address (P.O. Box Number is Not Acceptable) **130 SR 312 WEST**
SUITE 1
City **St Augustine** FL **32086**

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 **Frederick J. Wainio Jr** 7-10-2006
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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

TITLE **D** ☐ Delete
NAME **ABBERLEY, FREDERICK C**
STREET ADDRESS **99 LONG NECK POINT ROAD**
CITY-ST-ZIP **DARIEN, CT 06820**

TITLE **D** ☐ Delete
NAME **ABBERLEY, LESTER S**
STREET ADDRESS **23 PELICAN ISLE**
CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

TITLE **D** ☐ Delete
NAME **CARTER, GEORGINE A**
STREET ADDRESS **811 1/2 KANUGA DRIVE**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/S/T** ☒ Change ☐ Addition
NAME **ABBERLEY, FREDERICK C**
STREET ADDRESS **99 LONG NECK PT ROAD**
CITY-ST-ZIP **DARIEN CT 06820**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: **Frederick C. Abberley, Pres** 7-10-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #