## 2006 FOR PROFIT CORPORATION

## May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P05000107269** 05-01-2006 90383 047 \*\*\*150.00 MARGO DEVELOPMENT COMPANY Principal Place of Business Mailing Address 1201 SOUTHWEST 21ST AVENUE 1201 SOUTHWEST 21ST AVENUE BOCA RATON, FL 33486 BOCA RATON, FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062006 Chg-P CR2E034 (11/05) 4. FE Number 3 City & State City & State Applied For 317280 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TURNER, GREG Street Address (P.O. Box Number is Not Acceptable) 1201 SOUTHWEST 21ST AVENUE BOCA RATON, FL 33486 City 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 י חי TITLE ☐ Delete IIILE ☐ Change ☐ Addition NAME TURNER, GREG NAME STREET ADDRESS 1201 SOUTHWEST 21ST AVENUE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-7IP ☐ Delete TITLE MLE ☐ Change ☐ Addition HUBER, PAUL J NAME NAME STREET ADDRESS 911 ST. OLAF STREET STREET ADDRESS CITY-ST-ZIP **CANBY, MN 56220** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 redeplayer 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 attachiner with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAMÉ

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

Detete

**FILED** 

☐ Change

☐ Addition