


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-08-2006 90003 034 ***150.00

DOCUMENT # P05000157564

1. Entity Name
 NC21636, INC.



Principal Place of Business
 333 NW 3RD AVE
 OCALA, FL 34475

Mailing Address
 333 NW 3RD AVE
 OCALA, FL 34475

00004300



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02042006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3870195

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, H RANDOLPH
 333 NW 3RD AVE
 OCALA, FL 34475

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 _____ DATE _____

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

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		<input type="checkbox"/> Delete
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	PST		
NAME	KLEIN, H. RANDOLPH		
STREET ADDRESS	333 NW 3RD AVE		
CITY-ST-ZIP	OCALA, FL 34475		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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: H. Randolph Klein H. RANDOLPH KLEIN 2/4/06 354732-7750

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



ATTACHMENT

66002436

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

NC21636, INC.
333 NW 3RD AVE
OCALA, FL 34475

Subject: NC21636, INC.

Reference Number: P05000157564

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040. 20-3870195

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION