2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 08:00 AM DOCUMENT # P93000086517 **Secretary of State** THE SHELBURNE FINANCIAL GROUP, INC. Principal Place of Business Mailing Address 425 MORNING GLORY LANE JACKSONVILLE FL 32259 425 MORNING GLORY LANE JACKSONVILLE FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Aat, if, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0456912 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREENBERG, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 10830 SW 113 PLACE MIAMI FL 33176 City Zio Code FL 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE ☐ Change ☐ Addition 000000457861 BERNARD, CAROL J NAME 03/17/06-80021-013 150.00 STREET ADDRESS 425 MORNING GLORY LANE STREET ADDRESS D33Y-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition 🔲 NAME ANDERSON, WILLIAM E NAKKE STREET ADDRESS 71 HAMPTON TOWN ESTATES STREET ADDRESS CITY-ST-ZIP HAMPTON NH CHTY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition STD ANDERSON, MARYLOU C NAME STREET ADDRESS 425 MORNING GLORY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32259 TITLE ☐ Delete DD F ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADERESS City-ST-20P CITY - ST - Z)P ☐ Defete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME MANAF STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

marefor E. Cenduson

3/1/06 904-287-1286

**FILED**