

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90006 022 ***150.00

DOCUMENT # P94000005017 1. Entity Name DABNEY GROUP, INC.					
Principal Place of Business 2134 KINGS CROSS TITUSVILLE, FL 32796 US			Mailing Address 3206 S HOPKINS AVE PMB 229 TITUSVILLE, FL 32780 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0467182	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DABNEY, LINWOOD M JR. 3206 S HOPKINS AVE #229 TITUSVILLE, FL 32780				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DABNEY, BARBARA J 3206 S HOPKINS AVE #229 TITUSVILLE, FL 32780		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST DABNEY, DONALD C 1243 CR 121 NEW ALBANY, MS 38652		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbara J Dabney</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <i>2/27/06</i> <i>321-269-3371</i> </div> <small>Date Daytime Phone #</small>		