2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000045801

1. Entity Name
1194 CORP.

Principal Place of Business	Mailing Address
1037 COUNTRY CLUB DRIVE N. PALM BEACH, FL 33408-US	1037 COUNTRY CLUB DRIVE N. PALM BEACH, FL 33408-US

DO NOT WRITE IN THIS SPACE

03262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0503432
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DESANTIS, CONRAD J ESQ
11891 U.S. HIGHWAY ONE
NORTH PALM BEACH, FL 33408

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	PD
NAME	MURRAY, DICKRON E
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY-ST-ZIP	N. PALM BEACH, FL 33408
TITLE	D
NAME	MURRAY, MARJORIE L
STREET ADDRESS	1037 COUNTRY CLUB DRIVE
CITY-ST-ZIP	N. PALM BEACH, FL 33408
TITLE	SD
NAME	WILSON, C.R.
STREET ADDRESS	2399 S. SHORE DR.
CITY-ST-ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	WILSON, EDWARD
STREET ADDRESS	5700 CORDOVA SUITE 303
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-80044-017 150.00

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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: C Russell Wilson 3/26/06 561 805 8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #