

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000080910		
1. Entity Name THE LONG PROPERTY GROUP, INC.		
Principal Place of Business 6815 14TH ST. W. #110 BRADENTON, FL 34207 US		Mailing Address 4741 CAMPPHOR AVE. SARASOTA, FL 34231
DO NOT WRITE IN THIS SPACE		
		05012006 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0535894		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LONG, ERIC F 4741 CAMPHOR AVE. SARASOTA, FL 34231		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
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
		000000559927 05/18/06-80017-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE	DPS	
NAME	LONG, ERIC F	
STREET ADDRESS	4741 CAMPHOR AVE.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		4/28/06 (941) 993-9652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #