2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000004534

Name:

Address:

City-St-Zip:

JAMES, JANE A

3089 GULF BREEZE PKWY

GULF BREEZE, FL 32563

FILED Mar 06, 2006 Secretary of State

Entity Name: M. PETE MCNABB OF CENTRAL FLORIDA, INC.					
Current Pr	incipal Pla	ace of Business:	New Principal Place o	New Principal Place of Business:	
3089 GULF GULF BRE					
Current Ma	ailing Add	ress:	New Mailing Address	New Mailing Address:	
3089 GULF BREEZE PKWY STE 104 GULF BREEZE, FL 32563					
FEI Number:	59-3295211	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
JAMES, JA 3089 GULF GULF BRE	BREEZE			MCNABB, M P 3089 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 US	
The above in the State		ity submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: M PET	E MCNABB		03/06/2006	
	npaign Finan	ronic Signature of Registered Ag		Date	
OFFICERS		ECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		()Delete 1. PETE BREEZE PKWY EZE, FL 32563	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:		(X) Delete NALD E BREEZE PKWY EZE, FL 32563	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	٧	(X) Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: M PETE MCNABB Ρ 03/06/2006