


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 011 ***150.00

DOCUMENT # P95000072214			
1. Entity Name MALTBY PROPERTIES, INC.			
Principal Place of Business 475 POA BOY FARM RD. ST. AUGUSTINE, FL 32092		Mailing Address 475 POA BOY FARM RD. ST. AUGUSTINE, FL 32092	
2. Principal Place of Business 1795 County Road 13A 50. Suite, Apt. #, etc.		3. Mailing Address 1795 County Road 13A 50. Suite, Apt. #, etc.	
City & State EIKTON, FL		City & State EIKTON, FL	
Zip 32033	Country USA	Zip 32033	Country USA
4. FEI Number 59-3340429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALTBY, DANIEL G 475 PGA BOY FARM RD SAINT AUGUSTINE, FL 32092		7. Name and Address of New Registered Agent Name: Daniel F Maltby Street Address (P.O. Box Number is Not Acceptable) 1795 County Road 13A 50. City: EIKTON FL Zip Code: 32033	
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 reinstating)			
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	D MALTBY, JOHN 475 POA BOY FARM RD. ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John F. Maltby 1795 County Road 13A 50. EIKTON, FL 32033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALTBY, DANIEL F 1795 COUNTY RD. 13A S. ELKTON, FL 32033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>Daniel F. Maltby</u> DANIEL F. MALTBY		3/9/06 904-692-1013	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	