2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000056655

FILED Mar 06, 2006 08:00 AM Secretary of State

| 1. Entity Nam | 12253, INC. | | | | | | |
|--|---|--|-------------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|
| | EAST CIRCLE | RCLE 1299 POINT EAST CIRCLE | | | | | |
| | | | | | | | |
| | | | | 02062006 | No Chg-P | CR2E | 334 (11/05) |
| | O NOT WRITE I | CE | 4. FEI Number 59-3453 | | | Applied For Not Applicable | |
| | | | | <u> </u> | of Status Desired | | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current Regi | stered Agent | | | | | |
| YATES, GREGORY H 1299 POINT EAST CIRCLE GULF BREEZE, FL 32563 | | | DO NOT WRITE IN THIS SPACE | | | | |
| the obligat | named entity submits this statement for the ions of registered agent. | purpose of changing its register | ed office or regists | ered agent, or both | i, in the State of Flo | orida. I am | familiar with, and accept |
| Signature, typed or printed name of registered agent and atte if applicable (NOTE. Registered Ag | | | | ired when reinstating) DATE | | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | Election Campaign Final Trust Fund Contribution. | | 5.00 May Be ded to Fees | | | |
| 10. | OFFICERS AND DIRE | CTORS | - | | | | |
| TIPLE HAME STREET ADDRESS EITY-ST-ZIP | YATES, GREGORY H 1299 POINT EAST CIRCLE GULF BREEZE, FL 32563 | | | | Unoon(n3/1 6 /06- | 045653 -60032 | 94 2-020 150.00 |
| TITLE NAME SIREET ADDRESS CITY-SI-ZIP | | | | | | | |
| TITLE | | | 1 | | | | |

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee employered 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 attackment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZOP

NAME
STREET ADDRESS
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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICEN UR DIRECTOR

Date

Oaytime Phone #