

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 005 ***150.00

DOCUMENT # P98000011104
 1. Entity Name
 4610, INC.



Principal Place of Business
 4431 LAFAYETTE ST.
 MARIANNA, FL 32446

Mailing Address
 4431 LAFAYETTE ST.
 MARIANNA, FL 32446

50006622



2. Principal Place of Business
 4610 Hwy 90
 Suite, Apt. #, etc.

3. Mailing Address
 Attn: Terry DuBose
 Suite, Apt. #, etc.
 12141 Panama City Beh Pkwy

City & State
 Marianna FL
 Zip
 32446 Country
 USA

City & State
 Panama City Beh, FL
 Zip
 32407 Country
 USA

03222006 Chg-P CR2E034 (11/05)

4. FEI Number
 59-3493675

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAKER, LYNN W
 4431 LAFAYETTE ST.
 MARIANNA, FL 32446

7. Name and Address of New Registered Agent
 Name Frank A. Baker
 Street Address (P.O. Box Number is Not Acceptable)
 4431 Lafayette St.
 City Marianna FL Zip Code 32446

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 Frank A. Baker DATE 3/22/06

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRBS DUBOSE, TERRY 4321 JAN COOLEY DR PANAMA CITY, FL 32408 <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	S CLARK, KEITH 1437 A US 19 SOUTH LEESBURG, GA 31763 <input checked="" 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	T BAKER, LYNN W 4431 LAFAYETTE ST MARIANNA, FL 32446 <input checked="" 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	VS BAKER, FRANK 4431 LAFAYETTE ST MARIANNA, FL 32446 <input checked="" 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	SEC DUBOSE, TERRY 4321 JAN COOLEY DR PANAMA CITY, FL 32408 <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	PC BEACH FL 32408 <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: Terry DuBose Terry DuBose DATE 3/27/06 (850)249-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR