


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90076 037 \*\*\*\*50.00  
 02-22-2007 90022 050 \*\*\*100.00

<b>DOCUMENT # P98009011104</b> 1. Entity Name <b>4610, INC.</b>					
Principal Place of Business <b>4610 HWY 90                  MARIANNA FL 32446</b>		Mailing Address <b>ATTN: TERRY DUBOSE                  12141 PANAMA CITY BCH PKWY                  PANAMA CITY BEACH FL 32407</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number <b>59-3493675</b> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BAKER, FRANK A                  4431 LAFAYETTE ST                  MARIANNA FL 32446</b>				Name <b>TERRY DUBOSE</b>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<b>4321 JAN COOLEY DR</b>	
				City <b>PANAMA CITY BEACH FL</b> Zip <b>32408</b>	
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: <i>Terry Dubose</i>				Date: <b>1/22/07</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBOSE, TERRY		NAME		
STREET ADDRESS	4321 JAN COOLEY DR		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY FL 32408		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUBOSE, TERRY		NAME		
STREET ADDRESS	4321 SAN WOOLEY DR		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY FL 32408		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Terry Dubose</i>				Date: _____	