


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000026710 1. Entity Name FLORIDA PARTNERS GROUP, INC.	
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Principal Place of Business 110 N REYNOLDS ST STE 700 PLANT CITY, FL 33566	Mailing Address P O BOX 1118 PLANT CITY, FL 33564
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VERNER, EDWARD M 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNER, JOHN V 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, EDWARD M 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMP, JAMES R 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAGNER, KARL 5741 RIVOLI DR MACON, GA 31210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #