


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90014 001 ***150.00

DOCUMENT # P98000044220

1. Entity Name
ASBURY PLACE OF GULF BREEZE, INC.



Principal Place of Business Mailing Address

~~105 E GREGORY SQUARE
PENSACOLA FL 32502~~ ~~105 E GREGORY SQUARE
PENSACOLA FL 32502~~



2. Principal Place of Business 3. Mailing Address

3428 Gulf Breeze Pkwy **3428 Gulf Breeze Pkwy**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Gulf Breeze, FL **Gulf Breeze, FL**

Zip Country Zip Country

32563 **SANTA ROSA** **32563** **SANTA ROSA**

4. FEI Number Applied For

59-3520343 Not Applicable

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

6. Name and Address of Current Registered Agent

SOLICE, SONDRA
3428 GULFBREEZE PKWY
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WHIBBS, JR, VINCENT J	
STREET ADDRESS	105 E GREGORY SQUARE	
CITY-ST-ZIP	PENSACOLA FL 32502	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SOLICE, SONDRA	
STREET ADDRESS	2165 OXFORD DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOLICE, STEPHEN	
STREET ADDRESS	2165 OXFORD DR	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WHIBBS, ELIZABELTH D	
STREET ADDRESS	105 E GREGORY SQUARE	
CITY-ST-ZIP	PENSACOLA FL 32502	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3428 Gulf Breeze Pkwy	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3428 Gulf Breeze Pkwy	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3428 Gulf Breeze Pkwy	
CITY-ST-ZIP	Gulf Breeze, FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Sondra Solice Sondra Solice 1-26-06 850)934-1662