

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 04, 2006  
Secretary of State**

DOCUMENT# P98000044220

Entity Name: ASBURY PLACE OF GULF BREEZE, INC.

**Current Principal Place of Business:**

3428 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

3428 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Mailing Address:**

FEI Number: 59-3520343      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLICE, SONDRA  
3428 GULFBREEZE PKWY  
GULF BREEZE, FL 32563      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WHIBBS, JR, VINCENT J  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD ( ) Delete  
Name: SOLICE, SONDRA  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: TD ( ) Delete  
Name: SOLICE, STEPHEN  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: SD (X) Delete  
Name: WHIBBS, ELIZABELTH D  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SOLICE, SONDRA L  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: VPD (X) Change ( ) Addition  
Name: WHIBBS, ELIZABETH D  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: STD (X) Change ( ) Addition  
Name: SOLICE, STEPHEN  
Address: 3428 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONDRA L. SOLICE

PR

12/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date