

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096818

FILED
Apr 28, 2006
Secretary of State

Entity Name: FLORIDA REMINGTON GROUP, INC.

Current Principal Place of Business:

499 INTERNATIONAL GULF PKWY
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 137
PONTE VERDA BEACH, FL 32004 US

New Mailing Address:

P.O. BOX 137
PONTE VEDRA BEACH, FL 32004 US

FEI Number: 59-3607450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGUIRE, BRUCE A
5202 PHEASANT RUN CT.
PONTE VEDRA BEACH, FL 32004 US

Name and Address of New Registered Agent:

MAGUIRE, BRUCE A
100 IRONWOOD DR.
115
PONTE VEDRA BEACH, FL 32004 US

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:

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: MAGUIRE, BRUCE A
Address: 5202 PHEASANT RUN COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MAGUIRE, BRUCE A
Address: 100 IRONWOOD DR, APT 115
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP/D () Change (X) Addition
Name: MAGUIRE, CHRISTOPHER A
Address: 11 SURFSIDE AVE
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: VP/D () Change (X) Addition
Name: MAGUIRE, SARAH C
Address: 11 SURFSIDE AVE
City-St-Zip: ST AUGUSTINE, FL 32086

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: BRUCE A. MAGUIRE

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04/28/2006

Electronic Signature of Signing Officer or Director

Date