


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000003706
 1. Entity Name
 OLD FLORIDA MUSEUM, INC.



Principal Place of Business Mailing Address
 254 D SAN MARCO AVE. 254 D SAN MARCO AVE.
 ST. AUGUSTINE, FL 32084 US ST. AUGUSTINE, FL 32084 US



03212006 No Chg P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3550761 Not Applicable

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

6. Name and Address of Current Registered Agent
 PONCE, CHARLES F JR
 348 ST. GEORGE AVE.
 ST. AUGUSTINE, FL 32095

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PONCE, CHARLES F JR
STREET ADDRESS	248 ST GEORGE AVE.
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32095
TITLE	VP
NAME	CRAIG, SANDY
STREET ADDRESS	1753 SANTANDER ST
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32084
TITLE	S
NAME	PONCE, KAREN
STREET ADDRESS	348 ST GEORGE AVE
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32084
TITLE	T
NAME	PONCE, KAREN
STREET ADDRESS	348 ST GEORGE AVE
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/12/06-80006-003 150.00

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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: Karen Ponce 3/23/06 904 825-0087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #