


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000006965 1. Entity Name ARMSTRONG ENTERPRISES, INC.	
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Principal Place of Business 83 BARRACUDA ST DESTIN, FL 32541	Mailing Address 83 BARRACUDA ST DESTIN, FL 32541
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DO NOT WRITE IN THIS SPACE



05152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3555721	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRAEMER, MARY K 35 CLAYTON LN SANTA ROSA BEACH, FL 32459
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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 *Herald A. Armstrong* 5-15-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARMSTRONG, GERALD A 83 BARRACUDA ST DESTIN, FL 32541
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05/20/06-80097-005 150.00

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: *Herald A. Armstrong* Gerald A Armstrong 5-15-06 850-582-8103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #