

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000088231

FILED
Mar 27, 2006
Secretary of State

Entity Name: THE FLORIDA PENSION GROUP, INC.

Current Principal Place of Business:

4190 BELFORT RD
SUITE 300
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4190 BELFORT RD
SUITE 300
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3603126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATSON, TODD
7785 BAYMEADOWS WAY, SUITE 107
JACKSONVILLE, FL 32257 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TUMMOND, TROY D
Address: 4190 BELFORT RD, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPSD () Delete
Name: TUMMOND, DONNI D
Address: 4190 BELFORT RD STE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPSD (X) Change () Addition
Name: CARTER, STEVE R
Address: 4190 BELFORT RD STE
City-St-Zip: JACKSONVILLE, FL 32216

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: TROY D. TUMMOND

PRES

03/27/2006

Electronic Signature of Signing Officer or Director

Date