

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P99000099217

**1. Entity Name
COMANCHE MARKETING AND MANAGEMENT, INC**



**Principal Place of Business
4800 RIVERSIDE DR
STE 200
WEST PALM BEACH, FL 33410**

**Mailing Address
4800 RIVERSIDE DR
STE 200
WEST PALM BEACH, FL 33410**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0963404**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**POSTEN, ROBERT
4800 RIVERSIDE DRIVE
SUITE 200
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.. ☐**

**\$5.00 May Be
Added to Fees**

000000514181
04/29/06-80160-018 150.00

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
POSTEN, ROBERT
A54 FAIRWAY LANE
WEST PALM BEACH, FL 33412**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
COLESON, CHARLES K
4800 RIVERSIDE DR
WEST PALM BEACH, FL 33410**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MP
LANDIS, STEPHEN
19923 WILKINSON LEOS RD
TEQUESTA, FL 33469**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Charles K. Coleson 4/19/06 561-630-2500