## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## 08-10-2006 90002 010 \*\*\*150.00 DOCUMENT # P99000102432 1. Entity Name RAILROAD STREET STATION, INC. Principal Place of Business Mailing Address 50024927 **784 PINE DRIVE** 784 PINE DRIVE RIDGWAY, CO 81432 RIDGWAY, CO 81432 2. Principal Place of Business 3. Mailing Address 100 Golden Bay Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 07172006 CR2E034 (11/05) City & State City & State Oak Hill, Florida Applied For 59-3614689 Not Applicable 7in Zip \$8.75 Additional Country 5. Certificate of Status Desired П 32759 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Warlick, Thomas H. Street Address (P.O. Box Number is Not Acceptable) WARLICK, THOMAS H 316 E. PINE STREET 100 Golden Bay Blvd. ORLANDO, FL 32801 City Oak Hill 8. The above named entity submit is 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 age SIGNATURE. Signature, typed or prin I registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWIII FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PD ☐ Delete Change TITLE TITLE PD WARLICK, THOMAS H NAME NAME Warlick, Thomas H. STREET ADDRESS 316 EAST PINE STREET STREET ADDRESS 100 Golden Bay\_Blvd. ORLANDO, FL 32801 CITY-ST-ZIP CITY-ST-ZIP Oak Hill, FL 32759 Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition THE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all pither like employered. 12. I hereby certify that the information supplied indicated on this report or supplemental robo of the corporation or the receiver or truysee e changed, or on an attachment with an addre-SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Aug 10, 2006 8:00 am Secretary of State