

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85650

FILED
Mar 21, 2006
Secretary of State

Entity Name: PREBLE-RISH, INC.

Current Principal Place of Business:

325 MARINA DRIVE
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

324 MARINA DRIVE
PORT SAINT JOE, FL 32456 US

Current Mailing Address:

324 MARINA DRIVE
PORT SAINT JOE, FL 32456 US

New Mailing Address:

FEI Number: 59-3089125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, THOMAS S.
303 4TH STREET
PORT ST JOE, FL 32456 US

Name and Address of New Registered Agent:

GIBSON, THOMAS S.
116 SAILORS COVE ROAD
PORT ST JOE, FL 32456 US

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:

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: KENNEDY, WILLIAM J
Address: 1612 MONUMENT AVENUE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VT () Delete
Name: FOREHAND, CHRISTOPHER B
Address: 1409 INVERNESS ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: P () Delete
Name: JONES, PHILIP A
Address: 505 NAUTILUS DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: V () Delete
Name: KNAUER, CLIFFORD L
Address: 110 GOLF CLUB DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: V () Delete
Name: KENNEDY, DAVID C
Address: 140 BETTY DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PHILIP A JONES

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date