

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # V36387

1. Entity Name
486 PROPERTIES, INC.



Principal Place of Business
**2476 N ESSEX AVE
HERNANDO, FL 34442**

Mailing Address
**2476 N ESSEX AVE
HERNANDO, FL 34442**

DO NOT WRITE IN THIS SPACE



03162006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3122026

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ABEL, ERIC D
2476 N ESSEX AVE
HERNANDO, FL 34442**

**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 reinstating)

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

**U00000493669
04/20/06-80013-025 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TAMPOSI, STEPHEN A
STREET ADDRESS 2476 N ESSEX AVE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE T
NAME PASTOR, JOHN E
STREET ADDRESS 2476 N ESSEX AVE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE S
NAME ABEL, ERIC D
STREET ADDRESS 2476 N ESSEX AVE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

STEPHEN A TAMPOSI

3/30/06
Date

352-746-6060
Daytime Phone #