

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90024 042 \*\*\*158.75

<b>DOCUMENT # V38354</b> 1. Entity Name <b>OBY C. PEADEN &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>4550 FOREST BREEZE COURT</b> <b>PACE, FL 32571 US</b>			Mailing Address <b>4550 FOREST BREEZE COURT</b> <b>PACE, FL 32571 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3118824</b>	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAIN, JR. O</b> <b>10555 GOODRANGE DR.</b> <b>MILTON, FL 32583-8202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PEADEN, OBY C.</b> <b>4563 JERNIGAN RD.</b> <b>MILTON, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>PEADEN, LILLIE</b> <b>4563 JERNIGAN RD.</b> <b>MILTON, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PEADEN, KEVIN P.</b> <b>4416 COPPERWOOD PLACE</b> <b>PACE, FL 32571</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P/T</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4550 FOREST BREEZE CT.</b> <b>PACE, FL 32571</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>PEADEN, MATTHEW B.</b> <b>4416 COPPERWOOD PL</b> <b>PACE, FL 32571</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV/S</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4380 CAMEO DRIVE</b> <b>PACE, FL 32571</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>OBIE, CRAIN, JR</b> <b>10555 GOODRANGE DRIVE</b> <b>MILTON, FL 325838202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Matthew B. Peaden</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>MATTHEW B. PEADEN, SECRETARY</b>			Date <u>3-10-06</u> Daytime Phone # <u>850 994 5917</u>		