## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #635964**

1. Entity Name PAGE FAMILY CORPORATION



**FILED** Feb 09, 2006 08:00 AN Secretary of State

Principal Place of Business

203 N. KINGS ROAD CALLAHAN, FL 32011 Malling Address

PO BOX 1382 CALLAHAN, FL 32011



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02082008 No Chg-P

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PAGE, JOHN H 45108 PEYTON LANE CALLAHAN, FL 32011

## DO NOT WRITE IN THIS SPACE

		Í			
the obligati	named entity submits this statement for the prions of registered agent.	urpose of changing its registered offi	ce or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and the fi applicable. (NOTE: Registered A				gent signature required when reinstating) DATE	
	E NOW!!! FEE IS \$150.00 ny 1, 2006 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TTILE NAME STREET ADDRESS CITY-ST-ZIP	PD PAGE, JOHN H 45108 PEYTON LANE CALLAHAN, FL 32011				·
TITLE Name Street address City-St-Zip	D YOUNG, MARLENE PAGE 4001 HAZEL JONES ROAD CALLAHAN, FL 32011			-	U00000426180 U2/20/06-80031-024 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PAGE, RONALD, E 4805 NORTHRIDGE PL NE ALBUQUERQUE, NM			DO	NOT WRITE
TITLE NAME STREET ADDRESS CRY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SHTED HAVE OF SIGNING OFFICER OR DIRECTOR