

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 110761 1. Entity Name CAIN & BULTMAN, INC.	
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Principal Place of Business 2145 DENNIS STREET PO BOX 2815 JACKSONVILLE, FL 32203-2815	Mailing Address 2145 DENNIS STREET PO BOX 2815 JACKSONVILLE, FL 32203-2815
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02162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0182850	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANDIFER, MICHAEL 2145 DENNIS STREET JACKSONVILLE, FL 32204
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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TYLER, B B 2145 DENNIS JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANDITER, MA 2145 DENNIS JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SANDIFER, T.N. 2145 DENNIS JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DERRICK, LA 2145 DENNIS JACKSONVILLE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11076100442536
11/2/04/06-80024-002 150.00

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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: LA Derrick 2/16/2006 (904) 798-1037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #