

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # 243735			
1. Entity Name F. F. F. CO.			
Principal Place of Business 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566		Mailing Address P.O. BOX 1058 PLANT CITY, FL 33564 US	
DO NOT WRITE IN THIS SPACE			
		01182006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0954156	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VERNER, S.P. 420 GULF BLVD BELLEAIR BCH, FL		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 _____ (NOTE: Registered Agent signature required when reappointing) _____ 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VERNER, S.P. 420 GULF BLVD. BELLEAIR BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHUMP, JAMES R. 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VERNER, JAMES P 110 E REYNOLDS ST STE 700 PLANT CITY, FL 33566		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERNER, JOHN V. 420 GULF BLVD BELLEAIR BCH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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		Date 3/2/06 Daytime Phone #	