



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 481662 1. Entity Name FUTCH PROPERTIES, INC.					
Principal Place of Business 3002 N. CHARLIE TAYLOR ROAD PLANT CITY FL 33565			Mailing Address 3002 N. CHARLIE TAYLOR ROAD PLANT CITY FL 33565		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1616054	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUTCH, ALVIN C. 3002 N. CHARLIE TAYLOR ROAD PLANT CITY FL 33566				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PS	NAME FUTCH, ALVIN C		<input type="checkbox"/> Delete		
STREET ADDRESS 3002 N CHARLIE TAYLOR RD	CITY-ST-ZIP PLANT CITY FL 33565		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP PLANT CITY FL 33565	<input type="checkbox"/> Delete		NAME FUTCH, MARY JO	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS 3002 N CHARLIE TAYLOR ROAD	<input type="checkbox"/> Delete		STREET ADDRESS PLANT CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP PLANT CITY FL	<input type="checkbox"/> Delete		CITY-ST-ZIP PLANT CITY FL	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE _____	<input type="checkbox"/> Delete		TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Add	
NAME _____	<input type="checkbox"/> Delete		NAME _____	<input type="checkbox"/> Change <input type="checkbox"/> Add	
STREET ADDRESS _____	<input type="checkbox"/> Delete		STREET ADDRESS _____	<input type="checkbox"/> Change <input type="checkbox"/> Add	
CITY-ST-ZIP _____	<input type="checkbox"/> Delete		CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Add	



1st MOORE CR2E034 (10/05)

4. FEI Number **59-1616054** Applied For Not Applied

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

City **FL** Zip Code

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Added to Fees**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 UOWW1440368
 03/03/06-00017-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Alvin C. Futch **ALVIN C. Futch 2-17-06 813 754-2118**