FILED
Jan 26 2006 08:00 A
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000103550

Entity Name
CIT PROPERTIES, INC.

Principal Place of Business
5608 CR 249
LIVE OAK, FL 32060

Mailing Address
5608 CR 249
LIVE OAK, FL 32060

DO NOT WRITE IN THIS SPACE

01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 54-2076475 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOWNSEND, CLIFFORD D
2622 COUNTY RD. 249
LIVE OAK, FL 32060

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when name changed)

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

000004095532
02/08/06-80106-031 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOWNSEND, DONALD L JR.
STREET ADDRESS	17539 24TH ST.
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	TOWNSEND, CLIFFORD D
STREET ADDRESS	2622 COUNTY RD 249
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 the 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 authority to execute.

SIGNATURE: [signature] 1-26-06 386-364-4363
Signature of or Typed or Printed Name of Individual with Authority / Date / Daytime Phone #

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
  Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- * The fee to file the profit annual report is $150.00. If a certificate of status is desired, please add an additional $8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

No Chg-P CR2E034 (11/05)