

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000134852	
1. Entity Name CANNON CREEK PILOTS ASSN., INC.	

Principal Place of Business 2409 SW SISTERS WELCOME ROAD SUITE 102 LAKE CITY, FL 32025	Mailing Address 2409 SW SISTERS WELCOME ROAD SUITE 102 LAKE CITY, FL 32025
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3712299	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOLBOW, RAYMOND C 311 SW AIR PARK GLN LAKE CITY, FL 32025

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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 *Raymond C Dolbow* DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLBOW, RAYMOND C 311 AIR PARK GLN LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDAU, VICTOR 203 SW LOCKHEED LANE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEERER, E C 1784 SW PALOMA CT. LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/06-80038-017 150.00

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: *Raymond C Dolbow* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR