2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000045966

1. Entity Name
C\TREK OF FLORIDA, INC.

Principal Place of Business	Mailing Address
16801 FLORENCE VIEW DRIVE MONT VERDE, FL 34756	16801 FLORENCE VIEW DRIVE MONTVERDE, FL 34756

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3449306
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EPPERSON, ANGELA D
522 PINELLAS BAYWAY
#204
TIERRA VERDE, FL 33715

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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 reinstating)

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	S
NAME	LEE, W. FITZ
STREET ADDRESS	522 PINELLAS BAYWAY #204
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	P
NAME	EPPERSON, ANGELA D
STREET ADDRESS	522 PINELLAS BAYWAY #204
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	VP
NAME	HUDDERS, EUGENE S
STREET ADDRESS	16721 MAGNOLIA TERRACE BOULEVARD
CITY-ST-ZIP	MONTVERDE, FL 34756
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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05/17/06-80101-007 158.75

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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: Eugene S Hudders 4/27/06 787-756 5620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Eugene S. Hudders