

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 131697

FILED
Feb 14, 2006
Secretary of State

Entity Name: DAFFIN MERCANTILE COMPANY, INCORPORATED

Current Principal Place of Business:

2867 ESTES ST.
2867 ESTES ST
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 779
MARIANNA, FL 32447 US

New Mailing Address:

FEI Number: 59-0212490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAFFIN, R. HUNTER JR.
2867 ESTES ST.
MARIANNA, FL 32448 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MILTON, JOHN V,
Address: 2764 INDIAN SPRINGS RD
City-St-Zip: MARIANNA, FL

Title: VSD () Delete
Name: LEE, ROBERT G.,
Address: 3313 HARBOUR CR
City-St-Zip: PANAMA CITY, FL

Title: CD () Delete
Name: DAFFIN, HUNTER R JR,
Address: 2766 INDIAN SPRINGS RD
City-St-Zip: MARIANNA, FL

Title: PD () Delete
Name: MILTON, JOHN W.,
Address: 2760 INDIAN SPRINGS RD
City-St-Zip: MARIANNA, FL

Title: D () Delete
Name: DAFFIN, SIDNEY A III
Address: 746 HARRISON AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: DAFFIN, EDGAR O
Address: 230 BONITA AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. MILTON

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

_____ Date