2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 137258

Entity Name: CODY COMPANY, INCORPORATED

FILED Feb 07, 2006 Secretary of State

Littly Name: CODT COMPANT, INCORPORATED						
Current Principal Place of Business:				New Principal Place of Business:		
231 W GOF P.O. BOX 9 ORLANDO						
Current Mailing Address:			New Mai	New Mailing Address:		
231 W GOF P.O. BOX 9 ORLANDO						
FEI Number:	59-6076076	FEI Number Applied For ()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name an	Name and Address of New Registered Agent:		
WILKINS, S. GAYDEN (III) 231 W GORE STREET ORLANDO, FL 32806 US			231 W G	WILKINS, GAYDEN S III 231 W GORE STREET ORLANDO, FL 32806 US		
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: S. GAYDEN WILKINS, III					02/07/2006	
Electronic Signature of Registered Agent					Date	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	STD () I LONG, LYNN L 4138 PECAN LA ORLANDO, FL		Title: Name: Address: City-St-Zip:	LONG, LYNN L 100 SOUTH EO	Change () Addition DLA DRIVE #1403 32801	
Title: Name: Address: City-St-Zip:	PD () I WILKINS, S. GA' 2459 PADDOCK OVIEDO, FL	· · · · · · · · · · · · · · · · · · ·	Title: Name: Address: City-St-Zip:	WILKINS, GAYI 2459 PADDOCI	K WAY	
Title: Name: Address: City-St-Zip:	()!	Delete	Title: Name: Address: City-St-Zip:	ARKINS, PAME 4509 LAKE GEI	M CIRCLE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D () THOMAS, ANDF 1625 LAKESIDI DELAND, FL 3	E DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	THOMAS, A J II	YSIDE CIRCLE N	

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: S. GAYDEN WILKINS, III PRES 02/07/2006