

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90093 020 ***150.00

DOCUMENT # 158743

1. Entity Name

CONSUMER DISCOUNT COMPANY



Principal Place of Business

955 ORANGE AVE
DAYTONA BEACH FL 32114
US

Mailing Address

955 ORANGE AVENUE
STE 5
DAYTONA BEACH FL 32114
US



2. Principal Place of Business

3. Mailing Address

955 ORANGE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE K

City & State

City & State

DAYTONA BEACH, FL

Zip

Country

Zip
32114

Country
VOLUSIA

4. FEI Number

59-0601637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAY, ROSS
C/O CONSUMER DISCOUNT COMPANY
955 ORANGE AVE., STE. K
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME EUBANK III, JAMES O
STREET ADDRESS 410 14TH ST.
CITY-ST-ZIP SAINT AUGUSTINE FL 32084

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE GM ☐ Delete
NAME BRAY, ROSS
STREET ADDRESS 2328 KENILWORTH AVE
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME COLEMAN, SUSAN H.
STREET ADDRESS 20 ELIZABETH LANE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME COLEMAN, HARRIETT R.
STREET ADDRESS 735 N HALIFAX AVE.
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME COLEMAN, CHARLES A.
STREET ADDRESS 305 JOHN ANDERSON DRIVE
CITY-ST-ZIP ORMOND BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

GENERAL MGR.

01/24/06

(386) 252-4731