

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # 196772 1. Entity Name CENTRAL CITY BAG COMPANY INC.																													
Principal Place of Business 4915 OLD WINTER GARDEN ROAD ORLANDO FL 32811 US			Mailing Address P.O. BOX 616081 ORLANDO FL 32861 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 59-0791142																									
6. Name and Address of Current Registered Agent DAVIS, H. RAYMOND 1904 E WASHINGTON STREET ORLANDO FL 32803				7. Name and Address of New Registered Agent 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 retaining) 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 Added to Fee																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">SD</td> <td style="width: 15%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1904 E. WASHINGTON STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORLANDO FL 32803</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%; text-align: right;">☐ Change ☐ Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	SD	☐ Delete	NAME	DAVIS, KAREN		STREET ADDRESS	1904 E. WASHINGTON STREET		CITY - ST - ZIP	ORLANDO FL 32803		TITLE		☐ Change ☐ Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: *H. Raymond Davis* - H. Raymond Davis Pres - 402-222-2151