2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 318996

DOWNTOWN CUSTOMERS PARKING ASSOCIATION.

FILED Mar 31, 2006 08:00 AM **Secretary of State**

Principal Place of Business

48 EAST MAIN STREET P. O. DRAWER 950 APOPKA, FL 32703

Mailing Address

48 EAST MAIN STREET P. O. DRAWER 950 APOPKA, FL 32703



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03022008 No Cha-P

CRZE034 (11/05)

4. FEI Number 59-2995836

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

401-886-3300

5. Name and Address of Current Registered Agent

MCLEOD, WILLIAM J 48 EAST MAIN STREET APOPKA, FL 32703

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1-25-06 Date

		}				
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 Sprature, typed or printed name of registered agent and offel it applicable. #NOTE: Registered Agent signature required when reinstating) DATE						
A 2 and a 1 bank a bound of the second of th						
FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE HAME STREET AUDRESS GITY-ST-ZIP	PD MCLEOD, WILLIAM J 48 E MAIN STREET APOPKA, FL 32703	-		U00000486692		
TITLE MAME STREET ADDRESS CITY-ST-ZIP	STO CANFIELD, ROBERT 32 E MAIN STREET APOPKA, FL 32703				04/13/06-80047-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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.						