2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 340748

1. Entity Name
COLLECTION BUREAU OF FT. WALTON BEACH, INC.

Principal Place of Business	Mailing Address
711 NORTH EGLIN PARKWAY PO BOX 4127 FORT WALTON BEACH, FL 32549-4127 US	PO BOX 4127 FORT WALTON BEACH, FL 32549-4127 US

DO NOT WRITE IN THIS SPACE

01082006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1229511
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COOLEY,TOMMY M
712 MOORE CIR
PANAMA CITY, FL 32401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COOLEY JR ,TOMMY
STREET ADDRESS	151 COYOTE PASS
CITY-ST-ZIP	PANAMA CITY BEACH, FL
TITLE	S
NAME	COOLEY,OLIVIA
STREET ADDRESS	712 MOORE CIRCLE
CITY-ST-ZIP	PANAMA CITY FL,
TITLE	D
NAME	COOLEY, OLIVIA
STREET ADDRESS	712 MOORE CIRCLE
CITY-ST-ZIP	PANAMA CITY FL,
TITLE	D
NAME	VON DER OSTEN, JO ANN
STREET ADDRESS	168 MIRAMAR DR
CITY-ST-ZIP	MARY ESTHER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/13/06-80023-006 150.00

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12. I hereby 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.

SIGNATURE: Tommy M Cooley Tommy M Cooley 1-10-06 850-8622134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #