

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

**DOCUMENT # 380635**

1. Entity Name  
**C. L. INDUSTRIES, INC.**



Principal Place of Business  
**1616 SOUTH 14TH STREET  
P.O. BOX 490300  
LEESBURG, FL 34749-7300**

Mailing Address  
**1616 SOUTH 14TH STREET  
P.O. BOX 490300  
LEESBURG, FL 34749-7300**



01182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1403230**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JONES, GARY L  
1616 S 14TH STREET  
LEESBURG, FL 34748**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CDP  
GREGG, F BROWNE  
1616 S. 14TH ST.  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
HORTON, FRED JR.  
8188 S. ORANGE AVE.  
ORLANDO, FL 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CFO  
JONES, GARY L  
1616 S 14TH STREET  
LEESBURG, FL 34748**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1100000410472  
02/09/06-80038-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gary L Jones CFO*

1/24/06 3523656522