## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 382774** 

City-St-Zip:

VELRICO, FL 33594

FILED Jan 04, 2006 Secretary of State

Entity Name: CURRY CONTROLS COMPANY						
Current Principal Place of Business:				New Principal Place of Business:		
1019 PIPKIN ROAD DRAWER #5408 LAKELAND, FL 338111528				4245 S. PIPKIN ROAD DRAWER #5408 LAKELAND, FL 338111528		
Current Mailing Address:				New Mailing Address:		
1019 PIPKIN ROAD DRAWER #5408 LAKELAND, FL 338111528				4245 S. PIPKIN ROAD DRAWER #5408 LAKELAND, FL 338111528		
FEI Number:	: 59-1437405	FEI Number Applied For ( )	FEI Nun	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CURRY,DAVID L 1019 PIPKIN ROAD, P.O. DRAWER 5408 LAKELAND, FL 33803 US				CURRY,DAVID L 4245 S. PIPKIN ROAD, P.O. DRAWER 5408 LAKELAND, FL 33807 US		
	named entity e of Florida.	submits this statement for the $\mu$	ourpose o	f changing its registere	ed office or registered agent, or both,	
SIGNATURE:				01/04/2006		
	Electro	nic Signature of Registered Age	ent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( CURRY,DAVIE 1102 LAKE PO LAKELAND, FI	DINT DR		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( CURRY, EDRI 1102 LAKE PO LAKELAND, FI	DINT DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S ( CURRY, DANII 5618 ROCKFII			Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JEFF CLENDENIN **AVP** 01/04/2006