

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 550319**

1. Entity Name  
C.F.H., INC.



Principal Place of Business  
931 W. OAKLAND AVE.  
OAKLAND, FL 34760 US

Mailing Address  
PO BOX 771399  
WINTER GARDEN, FL 34777-1399

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1779227

Applied For  
Not Applicable

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

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

CONOLEY, E.B. II  
931 W. OAKLAND AVE.  
OAKLAND, FL 34760

**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 (file 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 PD  
NAME CONOLEY II, E.B.  
STREET ADDRESS 931 W. OAKLAND AVE.  
CITY-ST-ZIP OAKLAND, FL 34760

TITLE CFO  
NAME LEWIN, WILLIAM R.  
STREET ADDRESS 12824 COUNTRY ROAD 561 SOUTH  
CITY-ST-ZIP CLERMONT, FL 34712

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000530258  
05/05/06-80109-007 150.00

**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 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*William Lewin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06 407-656-6900  
Date Daytime Phone