

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90025 049 ***150.00

DOCUMENT # 634727 1. Entity Name COMMUNITY CATALOG MERCHANDISERS, INC.			
Principal Place of Business 1037 HWY 90 W SUITE 100 LAKE CITY, FL 32055		Mailing Address 1037 HWY 90 W SUITE 100 LAKE CITY, FL 32055	
2. Principal Place of Business <i>P.O. Box 2125</i>		3. Mailing Address <i>P.O. Box 2125</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lake City, FL</i>		City & State <i>Lake City, FL</i>	
Zip <i>32056-2125</i>		Zip <i>32056-2125</i>	
Country <i>Columbia</i>		Country <i>Columbia</i>	
4. FEI Number 59-1934621		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILCOX, VERNON D JR 1037 HWY 90 WEST SUITE 100 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent Name <i>VERNON D. Silcox, Jr.</i> Street Address (P.O. Box Number is Not Acceptable) <i>500 SW OLEANDER PL</i> City <i>Lake City, FL</i> FL Zip Code <i>32025</i>	
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 <i>Vernon D. Silcox, Jr.</i> PTS DATE <i>4/4/06</i> <small>Signature, typed or printed name of person authorized to use if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS <input type="checkbox"/> Delete SILCOX, VERNON D JR 500 SW OLEANDER PLACE LAKE CITY, FL 32025	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Vernon D. Silcox, Jr.</i> Vernon D. Silcox, Jr. Date <i>4/4/06</i> Daytime Phone # <i>386-759-0989</i>			