

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833461

Entity Name: CANNON FLORIDA, INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

207 NORTH LAURA STREET
SUITE 300
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

2170 WHITEHAVEN RD.
ATTN: ROSE SMOUSE
GRAND ISLAND, NY 14072 US

New Mailing Address:

FEI Number: 43-0188830 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CANNON, JOHN D
Address: 2170 WHITEHAVEN RD.
City-St-Zip: GRAND ISLAND, NY 14072

Title: D () Delete
Name: CALVARESE, JOSEPH L
Address: ONE INDEPENDENT DR., STE 302
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD () Delete
Name: CARLSON, RICHARD E
Address: ONE CITY CENTRE
City-St-Zip: ST LOUIS, MI

Title: VP () Delete
Name: MILLER, GARY R
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NE

Title: SC () Delete
Name: ALLAN M PINCHOFF,
Address: 2170 WHITEHAVEN ROAD
City-St-Zip: GRAND ISLAND, NE

Title: P () Delete
Name: MENDELL, MARK R
Address: 2170 WHITEHAVEN RD.
City-St-Zip: GRAND ISLAND, NY 14072

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HOLLY, KING M
Address: 207 NORTH LAURA STREET, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: CALVARESE, JOSEPH L
Address: 207 NORTH LAURA STREET, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32202

Title: SD (X) Change () Addition
Name: CARLSON, RICHARD E
Address: 30 WEST MONROE , SUITE 900
City-St-Zip: CHICAGO, IL 60603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MENDELL, MARK R
Address: 100 CAMBRIDGE STREET, SUITE 1400
City-St-Zip: BOSTON, MA 02114

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.

SIGNATURE: ALLAN M. PINCHOFF

S

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date