2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# 833461

Entity Name: CANNON FLORIDA, INC.

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:	HOLLY, KING M	
Address:	207 NORTH LAURA STREET, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	CALVARESE, JOSEPH L	
Address:	207 NORTH LAURA STREET, SUITE 300	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	SD	( ) Delete
Name:	CARLSON, RICHARD E	
Address:	30 WEST MONROE , SUITE 900	
City-St-Zip:	CHICAGO, IL 60603	
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:	100 CAMBRIDGE STREET, SUITE 1400	
City-St-Zip:	BOSTON, MA 02114	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	FOWLER, THEODORE G DIRECTO	
Address:	2170 WHITEHAVEN ROAD	
City-St-Zip:	GRAND ISLAND, NY 14072	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 SC 01/30/2007

Electronic Signature of Signing Officer or Director Date