


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 AM 9:38

DOCUMENT # A05000002312	
1. Entity Name PALLET ENTERPRISES OF C & B, LLLP	

Principal Place of Business 2055 W. MEMORIAL BLVD. LAKELAND FL 33815	Mailing Address 2055 W. MEMORIAL BLVD. LAKELAND FL 33815
--	--



2. Principal Place of Business		3. Mailing Address P.O. Box 509	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland FL		City & State Lakeland FL	
Zip 33815	Country USA	Zip 33815	Country USA

[Handwritten initials]

1st MOORE CR2E003 (10/05)

4. FEI Number 204032421		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DAVID LEE 310 MAIN STREET SAFETY HARBOR FL 34695		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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 title if applicable DATE _____

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	COGDILL, KENNETH F	CITY-ST-ZIP	
STREET ADDRESS	2055 W. MEMORIAL BLVD.		
CITY-ST-ZIP	LAKELAND FL 33815		
DOCUMENT #	NAME	STREET ADDRESS	
	<i>Cogdill, Mary F</i>	CITY-ST-ZIP	
STREET ADDRESS	<i>2055 W. Memorial Blvd</i>		
CITY-ST-ZIP	<i>Lakeland, FL 33815</i>		
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

300075561263
05/31/06--01034--010 **500.00

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Mary Cogdill* *Mary Cogdill* 4/13/06 863-682-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #