2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000000318

1. Entity Name
MOBILE ATTIC FRANCHISING COMPANY, INC.

Principal Place of Business	Mailing Address
246 LARKIN RD ELBA, AL 36323	246 LARKIN RD ELBA, AL 36323

DO NOT WRITE IN THIS SPACE

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0504718
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000494250
04/20/06-80038-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	CASH, PETER L
STREET ADDRESS	246 LARKIN RD
CITY-ST-ZIP	ELBA, AL 36323
TITLE	P
NAME	WILSON, JOHN
STREET ADDRESS	246 LARKIN RD
CITY-ST-ZIP	ELBA, AL 36323
TITLE	VPD
NAME	MURDOCK, MICKEY
STREET ADDRESS	661 EAST DAVIS ST
CITY-ST-ZIP	ELBA, AL 36323
TITLE	STD
NAME	CASH, MARY B
STREET ADDRESS	246 LARKIN RD
CITY-ST-ZIP	ELBA, AL 36323
TITLE	COBD
NAME	BRUNSON, W.L. JR
STREET ADDRESS	661 EAST DAVIS ST
CITY-ST-ZIP	ELBA, AL 36323
TITLE	D
NAME	CASH, RUSSELL L
STREET ADDRESS	246 LARKIN RD
CITY-ST-ZIP	ELBA, AL 36323

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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: ✓ _____ ✓ 04/03/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #