

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

06 MAY 15 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1365357	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV CLIFTON, GUY S 2830 CAHAHA ROAD BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, MICHAEL 2401 PINSON HIGHWAY BIRMINGHAM, AL 35217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MCGOUGH, THOMAS H 2401 PINSON HIGHWAY BIRMINGHAM, AL 35217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

900075218849
05/25/06--01007--008 **450.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-06 205-802-7202

Date

Daytime Phone #