2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 30, 2006 8:00 am **Secretary of State** DOCUMENT # F05000002911 1. Entity Name 01-30-2006 90052 003 ***150.00 C & T DESIGN AND EQUIPMENT CO INC Principal Place of Business Mailing Address 1655 EAST SEMORAN BLVD., SUITE 31 2855 TOBEY DRIVE INDIANAPOLIS, IN 46219 APOPKA, FL 32703 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 CR2E034 (11/05) Chg-P 4. FEI Number Applied For City & State City & State 35-1315249 Not Applicable Ziρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHANDLER, ALAN Street Address (P.O. Box Number is Not Acceptable) 1655 EAST SEMORAN BLVD., SUITE 31 APOPKA, FL. 32703 City 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 ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CP Delete ☐ Change TITLE ☐ Addition TITLE NAME CARTER, THOMAS ROGER NAME STREET ADDRESS 2855 TOBEY DRIVE STREET ADDRESS CITY-ST-ZIP INDIANA, IN 46219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition CARTER, DEANNA NAME NAME 2855 TOBEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **INDIANA, IN 46219** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME KENNDY, MICHAEL STREET ADDRESS 2855 TOBEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANA, IN 46219 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME GREEN, MARK NAME 2855 TOBEY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIANA, IN 46219 ☐ Delete TITLE ☐ Change ☐ Addition TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

FILED

Daytime Phone #