## **2006 FOR PROFIT CORPORATION "ANNUAL REPORT**

## DOCUMENT # F05000003087



## FILED Apr 24, 2006 8:00 am Secretary of State

ITC FINANCIAL LICENSES, INC.							04-24-2006 90	•	***150.00	)	
Principal Place of Business Mailing Address											
1241 O.G. SKINNER DRIVE P.O. BOX 510											
WEST POINT, GA 31833 WEST POINT, GA 31833								,			
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2. Principal P	lace of Busin	iess	3. Mailing Address								
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Suite, Apt. #, etc. Suite, Apt. #, etc.						04062006	Chg-P	CB2E0	34 (11/05)		
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City & State	е		City & State			4. FEI Numbe		01		plied For	
Zip Country		Zip Coun		tru	20	20 - 090 / 196 Not Applic  5. Certificate of Status Desired   \$8.75 Additional					
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6. Name and Address of Current Registered A			Registered Agent	.1		7. Name and	7. Name and Address of New Registered Agent				
	;				Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324											
					City FL Zip Code						
9 The above	namad antih	u authmite this statement f	or the purpose of changing its	rogintor	ad affice or regio		h in the Ctate of I'l		in mailine codeb	and assent	
	tions of regist		or the purpose of changing its	s regisier	ed office or regis	stered agent, or bor	n, in the State of Fi	orida. Fami	arımar wim,	and accept	
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SIGNATURE	Signature, typed	or printed name of registered agen	t and title if applicable (NO	TE Registere	d Agent signature requ	ared when reinstating)		DATE			
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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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

706-645-9472