

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F15599	
1. Entity Name CAMERON, HODGES, COLEMAN, LAPOINTE & WRIGHT, P.A.	

Principal Place of Business 150 SOUTH PALMETTO AVE STE 101 DAYTONA BEACH, FL 32114	Mailing Address 150 SOUTH PALMETTO AVE STE 101 DAYTONA BEACH, FL 32114
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02232006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2042621	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAMERON A. CRAIG 15 W CHURCH STREET STE 301 ORLANDO, FL 32801-3351
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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	PD CAMERON, A CRAIG 15 W CHURCH STREET STE 301 ORLANDO, FL 328013351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HODGES, E PEYTON 15 W CHURCH STREET STE 301 ORLANDO, FL 328013351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD COLEMAN, CHRISTOPHER C 25 E SILVER SPRINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAPOINTE, DOUGLAS J 15 W CHURCH STREET STE 301 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, VIRGIL III 25 E SILVER SPRINGS BLVD OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/15/06-80019-008 150.00

**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 or without other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/06 (384) 257-1755

Date Daytime Phone #