


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F92828 1. Entity Name CORPORATE FINANCIAL CONCEPTS, INC.		
Principal Place of Business 101 CENTURY 21 DRIVE 115 JACKSONVILLE, FL 32216 US	Mailing Address PO BOX 10426 JACKSONVILLE, FL 32247 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent THAXTON, DAVID E 101 CENTURY 21 DRIVE JACKSONVILLE, FL 32216		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD THAXTON, DAVID E 101 CENTURY 21 DRIVE JACKSONVILLE, FL 32216	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>David E. Thaxton</i> DAVID E. THAXTON		3/1/06 904 8059229
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2204730

Applied For
Not Applicable

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

UN0000452426
03/11/06-80025-025 150.00

**DO NOT WRITE
IN THIS SPACE**