# 2006 FOR PROFIT CORPORATION

# **ANNUAL REPORT**

DOCUMENT # F93000003365 DEVELOPERS INVESTMENT COMPANY, INC.

Principal Place of Business

3570 KEITH STREET, N.W. CLEVELAND, TN 37312

Mailing Address

3570 KEITH STREET, N.W. CLEVELAND, TN 37312

# **FILED** Mar 23, 2006 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01102006 CR2E034 (11/05)

4. FEI Number 62-1304932

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

### DO NOT WRITE IN THIS SPACE

6. The above the obligation	e named entity submits this statement for the pations of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered /	gent signaturi	required when reinstating)	QA7E	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing \$5.00 May Be     Trust Fund Contribution.      Added to Fees				
10.	OFFICERS AND DIREC	TORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD PRESTON, FORREST Ł 3570 KEITH STREET, N.W. CLEVELAND, TN 37312				U00 <u>00</u> 0477999	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND, TN 37312				04/07/06-80013-013 150.00 O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND, TN 37312			DO		
TITLE NAME STRECT ADDRESS CITY-ST-ZIP	AS THURMOND, JOAN E 3570 KEITH STREET NW CLEVELAND, TN 37312		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP ZIEGLER, J. STEPHEN 3570 KEITH STREET N.W. CLEVELAND, TN 37312	. <u></u>		-		

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 receives or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or 6fock 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Dayterer Phone &