

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90062 014 ***150.00

60017387



01062006 Chg-P CR2E034 (11/05)

4. FEI Number
63-0902503

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLUE, ROB JR
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PCST	<input type="checkbox"/> Delete
NAME	MCCRORY, JOHN S	
STREET ADDRESS	3512 7TH AVENUE SOUTH	
CITY-ST-ZIP	BIRMINGHAM, AL 35222	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIFORD, WAYNE A	
STREET ADDRESS	3512 7TH AVENUE SOUTH	
CITY-ST-ZIP	BIRMINGHAM, AL 35222	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHAFER, FRED	
STREET ADDRESS	3512 7TH AVE SOUTH	
CITY-ST-ZIP	BIRMINGHAM, AL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEBO, STEVEN T	
STREET ADDRESS	3512 7TH AVE SOUTH	
CITY-ST-ZIP	BIRMINGHAM, AL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: John S. Mccrory CPA, Sec'y/Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2006 205-251-2200
Date Daytime Phone #