

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

04-26-2006 90233 035 ****50.00
05-24-2006 90009 050 ***100.00

DOCUMENT # G37289 1. Entity Name FLORIDA C C I, INC.					
Principal Place of Business 1674 WHITE RD BONIFAY, FL 32425			Mailing Address 1674 WHITE RD BONIFAY, FL 32425		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRAVEN, WILLIAM M. 1674 WHITE ROAD BONIFAY, FL 32425 <i>deceased</i>			Name <u>BARBARA T. CRAVEN</u> Street Address (P.O. Box Number is Not Acceptable) <u>1674 White Rd</u> City <u>Bonifay</u> FL Zip Code <u>32425</u>		
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: <u>Barbara T. Craven</u> DATE: <u>4/22/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete CRAVEN, JAMES B 1674 WHITE RD BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete CRAVEN, BARBARA T. 1674 WHITE ROAD BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: <u>Barbara T. Craven</u>			DATE: <u>4/22/06</u> 859/638-4122		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE DAYTIME PHONE #		