## 2006 FOR PROFIT CORPORATION

Feb 23, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # G50442 CHAMPOR, CORP., INC. Mailing Address Principal Place of Business 7203 N. FLORIDA AVE. 7203 N. FLORIDA AVE. TAMPA, FL 33604 **TAMPA, FL 33604** 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1346391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE POTTS, DAVID C. 7203 N FLORIDA AVE TAMPA, FL 33604 IN THIS SPACE 5. 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 explicable (NOTE: Registered Agent signature required when reinstalling) DATE U00000444121 03/06/06-80040-806 150.80 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE POTTS, DAVID C. NAME 7203 N. FLORIDA AVE. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 TITLE NAME STREET ADDRESS GRY-ST-ZIP SITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TALE IN THIS SPACE MANE STREET ADDRESS CITY-ST-ZIP 73T3 E NAME

12. Thereby certify that the information supplied with this filling 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 cath, 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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**