


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H01664**  
 1. Entity Name  
**C.I. PARTNERS, INC.**



Principal Place of Business      Mailing Address  
**101 OCEANAIRE TERRACE**      **101 OCEANAIRE TERRACE**  
**ORMOND BEACH, FL 32176**      **ORMOND BEACH, FL 32176**

**DO NOT WRITE IN THIS SPACE**



01172008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2395752**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**RICKARD, ROY**  
**101 OCEANAIRE TERRACE**  
**ORMOND BEACH, FL 32176**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKARD, ROY 3390 OCEANSHORE BLVD. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CORBETT, PATRICK P O BOX 2556 NA DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIOVANNI, GARY 707 S. ATLANTIC AVENUE ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/04/08-80006-007 150.00

**DO NOT WRITE IN THIS SPACE**

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:** *Roy Rickard* **Roy RICKARD**      Feb 14 2008 386-441-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #