

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90095 025 \*\*\*150.00

**DOCUMENT # L63123**

1. Entity Name

FERRELL INVESTMENTS OF TALLAHASSEE, INC.



Principal Place of Business

1369 MAHAN DRIVE  
TALLAHASSEE FL 32308  
US

Mailing Address

1369 MAHAN DRIVE  
TALLAHASSEE FL 32308  
US



2. Principal Place of Business

1516-C-1

3. Mailing Address

1516-C-1

Suite, Apt. #, etc.

Capital Circle SE

Suite, Apt. #, etc.

Capital Circle SE

City & State

Tallahassee Fla.

City & State

Tallahassee Fla.

Zip

32301

Country

USA

Zip

32301

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3001432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERRELL, CARL E.  
1369 E TENNESSEE ST  
TALLAHASSEE FL 32308

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete  
NAME FERRELL, CARL E.  
STREET ADDRESS 955 OLD FARM ROAD  
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☐ Delete  
NAME COWLES, CARLA F.  
STREET ADDRESS 1529 HIDDEN POND RD.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE S ☐ Delete  
NAME FERRELL, PATRICIA A  
STREET ADDRESS 2158 CUMBERLAND PKWY, #6208  
CITY-ST-ZIP ATLANTA GA

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

*Carl E. Ferrell* CARL E. FERRELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06

850

9331935

Date

Daytime Phone #