


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 17, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|---|-----|--|--|--|
| DOCUMENT # M77708 1. Entity Name CURCIE ENTERPRISES, INC. | | | |  | |
| Principal Place of Business % THOMAS A. CURCIE POST OFFICE BOX 177 SPARR FL 32192 | | | Mailing Address % THOMAS A. CURCIE POST OFFICE BOX 177 SPARR FL 32192 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0039024 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| 6. Name and Address of Current Registered Agent CURCIE, THOMAS A. 13705 NORTHEAST 14TH AVENUE SPARR FL 32192 | | | | 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-stating) DATE</small> | | | | | |
| 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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP CURCIE, THOMAS A. 13705 NE 14TH AVE SPARR FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP CURCIE, CRISTINA R. 13705 NE 14TH AVE SPARR FL | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ _____ _____ _____ | | | <input type="checkbox"/> Delete | |
| 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. | | | | U000000511848 04/29/06-80068-006 150.00 | |
| SIGNATURE: THOMAS A CURCIE PRES | | | | Date: 4/17/06 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # 850-239-3936 | |



1st MOORE CR2E034 (10/05)