2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 30, 2006 8:00 am Secretary of State

DOCUMENT # M78824 1. Entity Name C. T. GORDON ENTERPRISES, INC.				01-30-2006 90067 031 ***150.00	
Principal Place	e of Business	Mailing Address	<u> </u>	400	
Principal Place of Business Mailing Address			763		ıı
2. Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01132006 Chg-P CR2E034 (11/05)	
City & State	e	City & State		4. FEI Number Applied Fc 59-2888089 Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
CORRON	CARTERT		Name		
GORDON, CARTER T. 555 LAKE LOTELA DR AVON PARK, FL 33825		-1	Street Addre	ess (P.O. Box Number is Not Acceptable)	
/	, 1 2 33320	:			
		- 6	City	FL Zip Code	
I	named entity submits this statement for its stat	or the purpose of changing its	registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and acc	cept
	•				
SIGNATURE	Signature, lyned or popted game of registered agent	and tills if applicable. (NOTI	E: Registered Agent signature re-	ouired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered agent	and tille if applicable. (NOTE	E; Registered Agent signature rea	quired when reinstating) DATE	•
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa	ign Financing	\$5.00 May Be Added to Fees	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be	
FIL	E NOWIT FEE IS \$150.00	9. Election Campa Trust Fund Cont	ign Financing ribution.	\$5.00 May Be Added to Fees	dition
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12. I hereby 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 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 profer like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

25/06 Date

864-446-6556