2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008730

Entity Name: CEODGE CHEED LANIED COL

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WATKINS, M. SHERIDAN

BROOKSVILLE, FL 34602

22319 POWELL RD

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

FILED Jan 05, 2006 Secretary of State

Entity Name: GEORGE CUSTER LANIER CORPORATION Current Principal Place of Business: New Principal Place of Business: 414 E LIBERTY ST 22319 POWELL RD BROOKSVILLE, FL 34601 SUITE 201 BROOKSVILLE, FL 34602 **Current Mailing Address: New Mailing Address:** 22319 POWELL RD BROOKSVILLE, FL 34602 FEI Number: 59-3624645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WATKINS, MARY S 22319 POWELL RD BROOKSVILLE, FL 34602 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition WATKINS, ANN WATKINS, MARINDA A Name: Name: 22319 POWELL RD 22319 POWELL RD Address: Address: City-St-Zip: BROOKSVILLE, FL 34602 US City-St-Zip: BROOKSVILLE, FL 34602 US Title: Title: () Delete (X) Change () Addition Name: WATKINS, MARINDA L Name: DEL PILAR, MARINDA L 22319 POWELL RD 242 LEMON AVE. Address: Address: BROOKSVILLE, FL 34602 BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

Address: Address: 22319 POWELL RD.
City-St-Zip: BROOKSVILLE, FL 34602

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MARINDA A. WATKINS D 01/05/2006

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WATKINS, REYNOLDS L