## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000022071

Entity Name

CITY-ST-ZIP

L.C. FURNEY & ASSOCIATES, INC.



FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

214 WOODLAND COURT

214 WOODLAND COURT SAFETY HARBOR, FL 34695

SAFETY HARBOR, FL 34695		SAFETY HARBOR, FL 34695					
E	O NOT WRITE	CE	01042006 4. FEI Numb 59-363	No Chg-P	CR2E034 (11/05)  Applied For Not Applicable		
<del></del>	6. Name and Address of Current	]	_1				
214 WOOI	LESTER C DLAND COURT IARBOR, FL 34695	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.							
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
		<del> </del>					
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Final Trust Fund Contribution.				0.00 May Be ded to Fees			
10.	OFFICERS AND	DIRECTORS	I	······································		1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURNEY, LESTER C 214 WOODLAND COURT SAFETY HARBOR, FL 34695				Unnnn	379394	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				01/10/06-	80016-	019 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS							

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 other like empowered.

SIGNATURE: LESTER C. FURNEY
SIGNATURE AND TYPED OF PRINTIP NAME OF SIGNING OFFICER OF DEFECTOR

5 JAN, 2006 (727)