2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 08:00 AM Secretary of State

1. Entity Name

CCGH INVESTMENT PROPERTIES, INC.

Principal Place of Business

P.O. BOX 1320 NEWBERRY, FL 32669 Malling Address

P.O. BOX 2759 GAINESVILLE, FL 32602



DO NOT WRITE IN THIS SPACE

04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3667422

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALZMAN, ANTHONY J MOODY & SALZMAN, P.A. 500 E UNIVERSITY AVE, STE A GAINESVILLE, FL 32602-2759

DO NOT WRITE IN THIS SPACE

| 8. The above the obligat | named entity submits this statement for the pations of registered agent. | urpose of changing its regist | ered office or r | egistered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
|---|--|---|------------------|---|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | | I Agent signature required when reinstating) DATE | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | |
| 10. | OFFICERS AND DIREC | TORS | T | | |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP | D JONES, C CARL 15422 SW 103RD AVE ARCHER, FL 32618 | | | • | |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | D DURRANCE, W. GERALD 1129 SW 180TH ST NEWBERRY, FL 32669 | | | . • | 000080495778 04/21/06-80023-822 150.00 |
| title name street adoress city-st-zip | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS GRY-ST-ZIP | | | | IN T | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this thing 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. | | | | | |