


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000044720 1. Entity Name CANNON CO.		
Principal Place of Business 707 S.W. 7TH STREET FT. LAUDERDALE, FL 33315	Mailing Address 707 S.W. 7TH STREET FT. LAUDERDALE, FL 33315	
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> 04252005 No Chg-P CR2E034 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number NOT APPLICABLE </div> <div style="width: 35%;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%;"> \$8.75 Additional Fee Required </div> </div>		
6. Name and Address of Current Registered Agent ELEY, F. CANNON 707 S.W. 7TH STREET FT. LAUDERDALE, FL 33315		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>
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 reinstating)</small> <div style="float: right;">DATE _____</div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELEY, F. CANNON 707 S.W. 7TH STREET FT. LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD ELEY, LISA M 707 S.W. 7TH STREET FT. LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 807, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/25/05 <small>Day/Time Phone #</small>