

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90208 050 ***150.00

DOCUMENT # P01000060533

1. Entity Name
CFF INCORPORATED



Principal Place of Business
16850 SOUTH TAMiami TRAIL
FT. MYERS, FL 33908

Mailing Address
16850 SOUTH TAMiami TRAIL
FT. MYERS, FL 33908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1113507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALOVICH, ALYSSA C
~~17578 BLACKFRIAR DR.~~ 17910 Grey Heron Ct
FT. MYERS, FL 33908 Ft. Myers Beach, FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALOVICH, DAVID A
~~17578 BLACKFRIAR DR.~~ 17910 Grey Heron Ct
FT. MYERS, FL 33908 Ft. Myers Beach, FL 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
D
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12. I hereby certify that the information supplied with this filing 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: Alyssa C Palovich Alyssa C Palovich 3-8-06 239-437-7009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #