

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118775

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: MULTIPLE COUNTY INVESTMENTS, INC.

**Current Principal Place of Business:**

PO BOX 4153  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4153  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 59-3760918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VOUGHT, JON J  
310 NORTH DELAWARE  
BUILDING B  
DELAND, FL 32765 US

**Name and Address of New Registered Agent:**

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:**

Title: OFFI ( ) Delete  
Name: CLEMENTS, LATARA OFFICER  
Address: PO BOX 4153  
City-St-Zip: DELTONA, FL 32725

Title: OFFI ( ) Delete  
Name: O'DONNELL, MICHAEL OFFICER  
Address: PO BOX 4153  
City-St-Zip: DELTONA, FL 32725

Title: OFF ( ) Delete  
Name: VOUGHT, JON OFFICER  
Address: PO BOX 4153  
City-St-Zip: DELTONA, FL 32725

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JON J VOUGHT

OFFI

02/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date