

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90325 017 \*\*\*150.00

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04192006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P02000013188</b>					
<b>1. Entity Name</b> PROFFITT & CO. INC					
<b>Principal Place of Business</b> C/O SOUTH BROWARD ACCOUNTING SERVICE INC 1152 N UNIVERSITY DRIVE STE 202 PEMBROKE PINES, FL 33024			<b>Mailing Address</b> C/O SOUTH BROWARD ACCOUNTING SERVICE INC 1152 N UNIVERSITY DRIVE STE 202 PEMBROKE PINES, FL 33024		
<b>2. Principal Place of Business</b> 590 S. Central Ave		<b>3. Mailing Address</b> 590 S. Central Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Apopka, FL		<b>City &amp; State</b> Apopka, FL		<b>4. FEI Number</b> 03-0387467	
<b>Zip</b> 32703-3206		<b>Country</b> Orange		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CHEDIAK, MIRTA 1152 N UNIVERSITY SUITE 202 PEMBROKE PINES, FL 33024		<b>7. Name and Address of New Registered Agent</b> Name: Shawn R. Proffitt Street Address (P.O. Box Number is Not Acceptable): 590 S. Central Ave City: Apopka, FL Zip Code: 32703-3206			
<b>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.</b> SIGNATURE: <u>Shawn R. Proffitt</u> DATE: <u>Apr 25, 06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROFFITT, SHAWN 609 BROOKFIELD PLACE APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PULLIAM-PROFFITT, WENDY 609 BROOKFIELD PLACE APOPKA, FL 32712	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <u>Shawn R. Proffitt</u> <u>Apr 25, 06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					