



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90012 003 \*\*\*150.00

<b>DOCUMENT # P02000017399</b>					
<b>1. Entity Name</b> CGD ENTERPRISES, INC.					
<b>Principal Place of Business</b> 5215 FIR DR ORLANDO, FL 32808-2516			<b>Mailing Address</b> 5215 FIR DR ORLANDO, FL 32808-2516		
<b>2. Principal Place of Business</b> Suite, Apt., etc. <b>CGD ENTERPRISES</b> <b>2630 S. TANNER RD</b> <b>ORLANDO FL 32820</b>		<b>3. Mailing Address</b> Suite, Apt., etc. <b>CGD ENTERPRISES</b> <b>2630 S. TANNER RD</b> <b>ORLANDO FL 32820</b>			
City & State <b>ORLANDO FL 32820</b>		City & State <b>ORLANDO FL 32820</b>		02112006    Chg-P    CR2E034 (11/05)	
Zip    Country		Zip    Country		<b>4. FEI Number</b> 04-3649805	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> CLAPHAM, DOUGLAS G 5215 FIR DR ORLANDO, FL 32806  <b>CGD ENTERPRISES</b> <b>2630 S. TANNER RD</b> <b>ORLANDO FL 32820</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____</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> Trust Fund Contribution. <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 CLAPHAM, DOUGLAS G 5215 FIR DR ORLANDO, FL 32806 <i>2630 S. Tanner Rd</i> <i>(Orlando 32820)</i>	<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	CGD ENTERPRISES 2630 S. TANNER RD ORLANDO FL 32820	<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	
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	
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> <i>Douglas G. Clapham</i>			2-20-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		