

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057016

Entity Name: C.D. MYERS, INC.

FILED
Aug 16, 2006
Secretary of State

Current Principal Place of Business:

324 MONIKA PLACE
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

505 RAINTREE TRL
ST. AUGUSTINE, FL 32086

Current Mailing Address:

324 MONIKA PLACE
ST. AUGUSTINE, FL 32080

New Mailing Address:

505 RAINTREE TRL
ST. AUGUSTINE, FL 32086

FEI Number: 58-2672934

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, CHARLES D
324 MONIKA PLACE
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

MYERS, CHARLES D
505 RAINTREE TRL
ST. AUGUSTINE, FL 32086 US

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:

08/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MYERS, CHARLES D
Address: 324 MONIKA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: VP () Delete
Name: MYERS, CHARLES D
Address: 324 MONIKA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: SEC () Delete
Name: MYERS, CHARLES D
Address: 324 MONIKA PLACE
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MYERS, CHARLES D
Address: 505 RAINTREE TRL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VP (X) Change () Addition
Name: MYERS, CHARLES D
Address: 505 RAINTREE TRL
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SEC (X) Change () Addition
Name: MYERS, CHARLES D
Address: 505 RAINTREE TRL
City-St-Zip: ST. AUGUSTINE, FL 32086

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: CHARLES D MYERS

P

08/16/2006

Electronic Signature of Signing Officer or Director

Date