## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 03, 2006 8:00 am Secretary of State **DOCUMENT # P03000130268** 02-03-2006 90015 026 \*\*\*150.00 CTG IMPROVEMENTS, INC. Principal Place of Business Mailing Address 5616 BALSAM STREET 5616 BALSAM STREET 40008210 MILTON, FL 32583 MILTON, FL 32583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chq-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 75-3136311 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 5616 BALSAM STREET MILTON, FL 32583 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Vice President PD TIFLE ☐ Delete **Addition** Ashley M. Williams Siglio Balsam St. WILLIAMS, ROBERT M NAME STREET ADDRESS 5616 BALSAM STREET STREET ADDRESS MILTON, FL 32583 CITY-ST-7IP CITY-ST-ZIP milton, fl 32583 Delete πne TITLE Change ☐ Addition GRIMSLEY, CHRISTOPHER C NAME NAME STREET ADDRESS STREET ADDRESS 2628 W. DELANO ST PENSACOLA, FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HARRIGILL, PAUL A NAME 8230 PARKER RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MILTON, FL 32570 ☐ Delete TITLE Change ☐ Addition TITLE ROBERTS, JOHN L NAME STREET ADDRESS 5533 DELONA RD STREET ADDRESS CITY-ST-ZIP MILTON, FL 32583 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTS, JOHN M NAME NAME STREET ADDRESS 3581 STRATFORD LN STREET ADDRESS CITY-ST-7IP PACE, FL 32571 CITY-ST-7IP ---- Delete TITLE ΠΠF ☐ Change ☐ Addition CASON, LOU A NAMÉ NAME 5616 BALSAM ST STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

MILTON, FL 32583

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1131106 850-981-9514

FILED

Daytime Phone #