

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90144 017 ***150.00

DOCUMENT # P04000026891

1. Entity Name

CHAMPION LOCATOR SERVICES INC.



Principal Place of Business

108 N MAGNOLIA AVE
SUITE 200
OCALA FL 34475

Mailing Address

108 N MAGNOLIA AVE
SUITE 200
OCALA FL 34475



2. Principal Place of Business

108 N. Magnolia Ave.

3. Mailing Address

Same as #1

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

Ocala FL

Zip

34475

Country

Marion

Zip

Ocala FL

Country

Marion

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-0704140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEYMORE, JOHN (STEVE)
1542 NE 21 STREET
OCALA FL 34470

7. Name and Address of New Registered Agent

Name **Steve Seymour**
Street Address (P.O. Box Number is Not Acceptable)
1542 NE 21st St.
City **Ocala** FL Zip Code **34470**

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

Steve Seymour Pres.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

3/28/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME SEYMORE, JOHN (STEVE)
STREET ADDRESS 1542 NE 21ST STREET
CITY-ST-ZIP Ocala FL 34475 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **Steve Seymour**
STREET ADDRESS **1542 NE 21st St.**
CITY-ST-ZIP **Ocala, FL 34470** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

Steve Seymour **Steve Seymour**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

Date

(352) 832-0168

Daytime Phone #