

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

01-23-2006 90035 003 ***150.00

DOCUMENT # P04000151376 1. Entity Name C.L. INDUSTRIES SOUTH CENTRAL, INC.					
Principal Place of Business 1616 SOUTH 14TH STREET LEESBURG, FL 34748			Mailing Address 1616 SOUTH 14TH STREET LEESBURG, FL 34748		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 42-1649813					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent JONES, GARY L 1616 SOUTH 14TH STREET LEESBURG, FL 34748					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F. BROWNE GREGG		NAME		
STREET ADDRESS	1616 SOUTH 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F. BROWNE GREGG		NAME		
STREET ADDRESS	1616 SOUTH 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, FRED		NAME		
STREET ADDRESS	1616 SOUTH 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	TCPO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY L		NAME		
STREET ADDRESS	1616 SOUTH 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY L		NAME		
STREET ADDRESS	1616 SOUTH 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <u><i>Gary L Jones</i></u> CFO Date: <u>1/18/06</u> Daytime Phone #: <u>352 365 6522</u>					

66001674



01172006 Chg-P CR2E034 (11/05)



ATTACHMENT

6600 1674

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2006

FEB 15 REC'D

C.L. INDUSTRIES SOUTH CENTRAL, INC.
1616 SOUTH 14TH STREET
LEESBURG, FL 34748

Subject: C.L. INDUSTRIES SOUTH CENTRAL, INC.

Reference Number: P04000151376

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CC

ANNUAL REPORTS SECTION
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