

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151659

Entity Name: CTW OF NORTH FLORIDA, INC

FILED  
Jan 06, 2006  
Secretary of State

## Current Principal Place of Business:

13826 CARTERS GROVE LANE  
JACKSONVILLE, FL 32223 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 600315  
JACKSONVILLE, FL 32260 US

## New Mailing Address:

FEI Number: 20-1846942

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WITHERS, COLLEEN A  
13826 CARTERS GROVE LANE  
JACKSONVILLE, FL 32223 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WITHERS, COLLEEN A  
Address: 13826 CARTERS GROVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: WITHERS, TODD  
Address: 13826 CARTERS GROVE LANE  
City-St-Zip: JACKSONVILLE, FL 32223 US

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: TODD WITHERS

VP

01/06/2006

Electronic Signature of Signing Officer or Director

Date