

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153577

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: COVER UPS AWNING COMPANY, INC

## Current Principal Place of Business:

911 WOODROW WILSON STREET  
#19  
PLANT CITY, FL 33566

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 969  
DURANT, FL 33530

## New Mailing Address:

FEI Number: 74-3133972

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOFLEY, CANDACE M  
P.O. BOX 969  
DURANT, FL 33530 US

## Name and Address of New Registered Agent:

LOFLEY, CANDACE M CFO  
P.O. BOX 969  
DURANT, FL 33530 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: CANDACE M. LOFLEY

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: LOFLEY, CANDACE M  
Address: P.O. BOX 969  
City-St-Zip: D URANT, FL 33530

Title: P ( ) Delete  
Name: EVANS, NEAL W  
Address: 502 KINGHTS GRIFFEN ROAD  
City-St-Zip: PLANT CITY, FL 33565

Title: VP (X) Delete  
Name: SCHETROMPF, KENNETH  
Address: 2055 S. FLORAL AVE #228  
City-St-Zip: BARTOW, F 3383

Title: VP (X) Delete  
Name: JACKSON, ROBERT W  
Address: 4702 HAMMOCK RIDGE ROAD  
City-St-Zip: MULBERRY, FL 33860

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO (X) Change ( ) Addition  
Name: LOFLEY, CANDACE M CFO  
Address: P.O. BOX 969  
City-St-Zip: D URANT, FL 33530

Title: P (X) Change ( ) Addition  
Name: EVANS, NEAL W  
Address: 8416 TOMOCA RUN  
City-St-Zip: LAKE LAND, FL 33810

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

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

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: CANDACE M. LOFLEY

CFO

04/27/2006

Electronic Signature of Signing Officer or Director

Date