

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90276 018 ***150.00

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1. Entity Name

EZELL & EZELL INVESTMENTS, INC.

Principal Place of Business

13 WINTERSET DR.
WINTER HAVEN FL 33884

Mailing Address

13 WINTERSET DR.
WINTER HAVEN FL 33884

2. Principal Place of Business

7160 Cypress Grove Blvd
Suite, Apt. #, etc.

3. Mailing Address

Above
Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Zip Country

Zip
33884

Country
USA

Zip

Country

4. FEI Number

05-0618256

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

EZELL, TERRIE L
13 WINTERSET DR.
WINTER HAVEN FL 33884

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

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 P
NAME EZELL, TERRIE L
STREET ADDRESS 13 WINTERSET DR.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE VP
NAME EZELL, DONALD E JR
STREET ADDRESS 13 WINTERSET DR.
CITY-ST-ZIP WINTER HAVEN FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SECY/Treas.
NAME GIPB JAMES TOWN
STREET ADDRESS Winter Haven, FL
CITY-ST-ZIP 33884

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CITY-ST-ZIP

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TERRIE EZELL 3/14/06 863-326-1188