


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90127 022 \*\*\*150.00

<b>DOCUMENT # P05000059599</b> 1. Entity Name <b>CARRIE CRONKHITE, INC.</b>					
Principal Place of Business <b>1458 HUFF COURT</b> <b>MELBOURNE, FL 32935</b> <b>1458</b>				Mailing Address <b>1458 1458 HUFF COURT</b> <b>MELBOURNE, FL 32935</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2743047</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CRONKHITE, JONATHAN</b> <b>1458 HUFF COURT 1458</b> <b>MELBOURNE, FL 32935</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Jonathan Cronkhite</i></u> <b>JONATHAN CRONKHITE</b> <u>3/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRONKHITE, CARRIE</b> <b>1458 HUFF COURT 1458</b> <b>MELBOURNE, FL 32935</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>Cronkhite, Carrie</b> <b>1458 Huff Court 1458</b> <b>Melbourne, Florida 32935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRONKHITE, JONATHAN</b> <b>1458 HUFF COURT 1458</b> <b>MELBOURNE, FL 32935</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>Cronkhite, Jonathon</b> <b>1458 Huff Court 1458</b> <b>Melbourne, Florida 32935</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u><i>Carrie Cronkhite</i></u> Carrie Cronkhite, Director 03/13/06 321-255-9421</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					