

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90007 029 \*\*\*150.00

<b>DOCUMENT # P05000096984</b> 1. Entity Name <b>C &amp; H COMPANIES, INC.</b>			
Principal Place of Business <b>4535 MEADOWVIEW DR LAKELAND, FL 33810</b>		Mailing Address <b>4535 MEADOWVIEW DR LAKELAND, FL 33810</b>	
2. Principal Place of Business <b>185 Guadalupe Hills LN</b> Suite, Apt. #, etc.		3. Mailing Address <b>185 Guadalupe Hills LN</b> Suite, Apt. #, etc.	
City & State <b>SEGUIN, TX</b> Zip <b>78155</b> Country <b>USA</b>		City & State <b>SEGUIN, TX</b> Zip <b>78155</b> Country <b>USA</b>	
4. FEI Number <b>20-2878529</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REID, VICKIE E 4535 MEADOWVIEW DR LAKELAND, FL 33810</b>		7. Name and Address of New Registered Agent Name <b>Douglas V. Bailey</b> Street Address (P.O. Box Number is Not Acceptable) <b>214 Hillcrest Street, Suite #1</b> City <b>Lakeland</b> State <b>FL</b> Zip Code <b>33815</b>	
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>Douglas V. Bailey, E.A.</i></u> <b>DOUGLAS V. BAILEY, E.A.</b> DATE <b>2/22/06</b> <small>(Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GOODSPEED, CLIFFORD 185 GUADALUPE HILLS LANE SEGUIN, TX 78155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Hannelore Goodspeed</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>2/15/2006</b> Device Phone # <b>(830-401-4141)</b>	