# 2006 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P05000157198**

1. Entity Name
**COMFYWALK INC.**

FILED

06 SEP 19 PH 3: 39

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

5UU45178

| Principal Place of Business | Mailing Address |
|---|---|
| 9978-3 BAYMEADOWS RD.<br>JACKSONVILLE, FL 32256 | 9978-3 BAYMEADOWS RD.<br>JACKSONVILLE, FL 32256 |

07202006    Chg-P    CR2E034 (11/05)

| 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  **20-3559725**  □ Applied For  □ Not Applicable

5. Certificate of Status Desired □   **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

GLASSEY, THOMAS
1961 FORBES RD.
ST. AUGUSTINE, FL 32092

**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 reinstating)    DATE

**FILE NOW!!! FEE IS $150.00**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. □   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|
| TITLE **P** | □ Delete | TITLE | □ Change  □ Addition |
| NAME **GLASSEY, THOMAS** | | NAME | |
| STREET ADDRESS **1961 FORBES RD.** | | STREET ADDRESS | |
| CITY-ST-ZIP **ST. AUGUSTINE, FL 32092** | | CITY-ST-ZIP | |
| TITLE | □ Delete | TITLE | □ Change  □ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | □ Delete | TITLE | □ Change  □ Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | □ Delete | TITLE | □ Change  □ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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.

SIGNATURE: _Thomas P. Glassey_    08/07/06    (904) 6426886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #

JC 9/21