

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90112 007 ***150.00

DOCUMENT # P05000160763 1. Entity Name CALDWELL GREYHOUNDS A, INC.						
Principal Place of Business 275 SOUTH 1ST STREET, UNIT 604 JACKSONVILLE BEACH, FL 32250			Mailing Address 275 SOUTH 1ST STREET, UNIT 604 JACKSONVILLE BEACH, FL 32250			
<i>(SAME)</i>			<i>(SAME)</i>			
2. Principal Place of Business 275 S. 1ST ST. # 604		3. Mailing Address SAME				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State JACKSONVILLE BEACH, FL		City & State 				
Zip 32250		Country USA		Zip 		
Country 		Country 		4. FEI Number 		
				Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02172006 Chg-P CR2E034 (11/05)		
6. Name and Address of Current Registered Agent CALDWELL, BRUCE L 275 SOUTH 1ST STREET, UNIT 604 JACKSONVILLE BEACH, FL 32250			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P/T/S/D/C/M BRUCE L. CALDWELL 275 S. 1ST ST. # 604 JACKSONVILLE BEACH, FL 32250		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/S/D/C/M BRUCE L. CALDWELL (SAME AS ABOVE)	
<input type="checkbox"/> Change <input type="checkbox"/> Addition			<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.						
SIGNATURE: <i>Bruce L. Caldwell</i>			03/27/06 (904) 246-9998			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			