

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90050 006 ***150.00

DOCUMENT # P06000134697

1. Entity Name
COURTNEY & CO. INC.



Principal Place of Business
3919 BRAMPTON ISLAND COURT SOUTH
JACKSONVILLE, FL 32224

Mailing Address
3919 BRAMPTON ISLAND COURT SOUTH
JACKSONVILLE, FL 32224



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite Apt #, etc.

Suite Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192007 Chg-P CR2E034 (12/06)

4. FFI Number

72-1201445

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COURTNEY, CATHERINE C
3919 BRAMPTON ISLAND COURT SOUTH
JACKSONVILLE, FL 32224

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 signatory (if applicable)

DATE (Month/Day/Year) (if applicable)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME COURTNEY, CATHERINE C
STREET ADDRESS 3919 BRAMPTON ISLAND COURT SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete

TITLE VP
NAME COURTNEY, CORY H
STREET ADDRESS 3919 BRAMPTON ISLAND COURT SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Cathy H Courtney

Cory H Courtney

1/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Name