

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P11893

1. Entity Name
APPALACHIAN CENTRAL CORPORATION



Principal Place of Business
**1333 THIRD AVENUE SOUTH
NAPLES, FL 34102 US**

Mailing Address
**1333 THIRD AVENUE SOUTH
NAPLES, FL 34102 US**



07202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2484768

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, ARTHUR L.
1333 THIRD AVENUE SOUTH
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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: _____ (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

TITLE	PVT
NAME	ALLEN, ARTHUR L.
STREET ADDRESS	1333 THIRD AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	D
NAME	ALLEN, ARTHUR L.
STREET ADDRESS	1333 THIRD AVENUE SOUTH
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	S
NAME	FARQUHAR, ROBERT N.
STREET ADDRESS	900 TALBOTT TOWER
CITY-ST-ZIP	DAYTON, OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/27/06-80003-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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 or 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 persons empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

(239) 435-2200