

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 028 ***150.00

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01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0538626	Applied For Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NEWMAN, JOHN
2001 ARTHUR AVENUE
PANAMA CITY, FL 32405

**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

John Newman
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 KNIGHT, III C
STREET ADDRESS 3524 W DOUBLEGATE DR
CITY-ST-ZIP ALBANY, GA

TITLE VD
NAME NEWMAN, JOHN
STREET ADDRESS 2001 ARTHUR AVE.
CITY-ST-ZIP PANAMA CITY, FL

TITLE D
NAME KNIGHT, JOHN
STREET ADDRESS 1620 LYNWOOD LN
CITY-ST-ZIP ALBANY, GA 31707

TITLE D
NAME KNIGHT, SANFORD
STREET ADDRESS 4114 QUAIL HOLLOW RD
CITY-ST-ZIP ALBANY, GA 31707

TITLE D
NAME KING, LOU
STREET ADDRESS 7325 SUWANEE AVE
CITY-ST-ZIP SOUTHPORT, FL 32409

TITLE SD
NAME LONG, ROSEMARY
STREET ADDRESS 3717 SHORELINE
CITY-ST-ZIP PANAMA CITY, FL

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #