


**FILED**  
**Jun 14, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90240 012 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DOCUMENT # P94000019758</b><br>1. Entity Name<br>C.F. ALMY, INC.  |  |    |  |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br>12907 SE 30TH CT<br>BELLEVUE, FL 34420  |  | Mailing Address<br>PO BOX 3520<br>BELLEVUE, FL 34421  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DO NOT WRITE IN THIS SPACE</b>  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent<br><br>DUNHAM, LINDA<br>12907 SE 30TH CT<br>BELLEVUE, FL 34420   |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1"><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td>DPVS<br/>DUNHAM, LINDA<br/>12907 SE 30TH CT.<br/>BELLEVUE, FL</td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY - ST - ZIP</td><td></td></tr></table>  |  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DPVS<br>DUNHAM, LINDA<br>12907 SE 30TH CT.<br>BELLEVUE, FL | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| 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: <u>Linda Dunham</u> <u>LINDA DUNHAM</u> <u>6/12/06</u> <u>352-347-2253</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |

66018863



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3228287

Applied For  
Not Applicable

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