## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 29, 2007 08:00 AM DOCUMENT # P96000047094 **Secretary of State** 1. Entity Name CFYC, INC. Principal Place of Business Mailing Address 313 SOUTH PALMETTO AVENUE 313 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 03252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0677706 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EGEBERG, TROY L DO NOT WRITE 313 SOUTH PALMETTO AVENUE DAYTONA BEACH, FL 32114 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. Signature, typed or printed name of registered abent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE EGEBERG, JOSEPH D NAME STREET ADDRESS 231 TREELINE LANE CITY-ST-ZIP ORMOND BEACH, FL 32174 TITLE U00000681820 NAME 04/04/07-80061-001 150.00 STREET ADDRESS CITY-ST-77P TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of trustee empowered to execute this report as required by Chapter 807, 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:

NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02

6266

Daytime Phone #

FILED