## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2006 08:00 AM DOCUMENT # P96000060368 **Secretary of State** CANNON INVESTMENTS, INC. Principal Place of Business Mailing Address 2502 N. ALBANY AVE. 2502 N. ALBANY AVE. TAMPA, FL 33607 US TAMPA, FL 33607 No Chg-P CR2E034 (11/05) 02162008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3400842 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SALMON, J. PAUL DO NOT WRITE 2502 N. ALBANY AVE. TAMPA, FL 33607 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, typed or printed name of registered agent and the it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE U00000443631 03/U6/06-20023-001 150.00 SALMON, J. PAUL NAME STREET ADDRESS 6116 N. 22ND ST CITY-ST-ZIP TAMPA, FL 33610 MLE NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-SY-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 it 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 fin address, with all other like empowered.

SIGNATURE:

TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OPSIGNING OFFICER OR DIRECTOR

2/18/06 (813) 254-1440

**FILED**