

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90108 034 \*\*\*150.00

**DOCUMENT # P96000084600**

1. Entity Name

JOHN D. CURTIS, INC.



Principal Place of Business

9686 SEMINOLE BLVD  
SEMINOLE FL 33772

Mailing Address

9686 SEMINOLE BLVD  
SEMINOLE FL 33772



2. Principal Place of Business

113 Rolling Pines Rd NW

Suite, Apt. #, etc.

3. Mailing Address

113 Rolling Pines Rd. NW

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Rome - Georgia

City & State

Rome - Georgia

4. FEI Number

59-3405197

Applied For

Not Applicable

Zip

30165

Country

USA

Zip

30165

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, TERESA  
9686 SEMINOLE BLVD  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name **Steven K Jonas, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

**4410 EVANS Avenue**

City **New Port Richey**

**FL**

Zip Code  
**34652**

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 agent and title if applicable

(NOTE: Registered Agent signature required when reestablishing)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME CURTIS, TERESA  
STREET ADDRESS 9686 SEMINOLE BLVD.  
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VT ☐ Delete  
NAME CHATTERSON, COREY M  
STREET ADDRESS 9686 SEMMOLE BLVD  
CITY-ST-ZIP SEMMOLE FL 33772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 113 Rolling Pines Rd. NW  
CITY-ST-ZIP Rome GA 30165

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 113 Rolling Pines Rd NW  
CITY-ST-ZIP Rome GA 30165

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Teresa M Curtis** **Teresam. Curtis, President**

**3/31/06 (706) 235-3607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #