


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90021 027 ***150.00

DOCUMENT # P97000022209

1. Entity Name
CIRCLE C SERVICES, INC.



Principal Place of Business Mailing Address

**13390 SE SUNSET HARBOR RD
 WEIRDALE FL 32195** **PO BOX 327
 WEIRDALE FL 32195**



2. Principal Place of Business 3. Mailing Address

16911 S.E. 160th Ave Rd *Same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

Weirsdale **1st MOORE** **CR2E034 (10/05)**

City & State City & State

Florida **FL** Zip Code

Zip Country Zip Country

32195 **USA**

4. FEI Number Applied For

65-0740081 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORNER, MOLLY J
 13390 SE SUNSET HARBOR RD
 WEIRSDALE FL 32195**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Molly Comer* DATE **1/29/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COMER, CHRISTOPHER	
STREET ADDRESS	13390 SW SUNSET HARBOR RD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMER, MOLLY	
STREET ADDRESS	13390 SE SUNSET HARBOR RD	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Molly Comer* DATE: **1/29/06** DAYTIME PHONE: **247 2432**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #