

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000025210**

1. Entity Name  
**GEORGIA-CURY CORPORATION**



Principal Place of Business  
**12627 SAN JOSE BLVD. SUITE 706  
JACKSONVILLE, FL 32223**

Mailing Address  
**12627 SAN JOSE BLVD. SUITE 706  
JACKSONVILLE, FL 32223**



07152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3433506**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CURY, PHILLIP H  
12627 SAN JOSE BLVD  
STE 706  
JACKSONVILLE, FL 32223**

**DO NOT WRITE  
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 agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CURY, PHILLIP H
STREET ADDRESS	12627 SAN JOSE BLVD STE 706
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	CURY, NEAL GENE JR
STREET ADDRESS	12627 SAN JOSE BLVD STE 706
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	AS
NAME	CURY, RENEE
STREET ADDRESS	12627 SAN JOSE BLVD STE 706
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/19/06-90003-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/06 9042687361