2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

			_		4	ሮ CC 4	
DOCUMENT # P9700064236 1. Entity Name CANEY CREEK INVESTMENTS, INC.					Secre	etary of	State
Principal Place	of Business	Mailing Address	=	}			
2803 ABERDI TALLAHASSEE		2803 ABERDEEN DRIVE TALLAHASSEE, FL 32312					
			· ·				
				01042006	No Chg-P	CR2E034 (1	1/05)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-346			Applied For Not Applicable
					of Status Desired		5 Additional Required
	6. Name and Address of Current Re	gistered Agent	-				
DOVE, JEP H JR 2803 ABERDEEN DRIVE TALLAHASSEE, FL 32312			}		NOT W		
IALLAMAS	55EE, FL 32312	en e		IN 7	THIS SF	ACE	
8. The above the obligati	named entity submits this statement for toons of registered agent.	ne purpose of changing its register	red office or registe	red agent, or bo	oth, in the State of Flo	orida. I am famīli	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	i tile if applicable (NOTE: Registern	ed Agent signature require	d when reinstating)		DATE	
File Nowill FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	<u>r </u>		<u></u>		
TITLE	PD		}	-		,	
NAME	DOVE, JEP H JR		1				
STREET ADDRESS CHY-SI-ZIP	2803 ABERDEEN DRIVE TALLAHASSEE, FL 32312	··	1		Uonoc	0384843	
TITLE	VPT	<u> </u>	1		. 01/17/08	-80031-0	23 150.00
NAME STREET ADDRESS	LANE, RANDALL B 2390 TWO POND LANE		1				
CITY-ST-ZIP	TALLAHASSEE, FL 32312						
TITLE	VPS		- {}.				e e
NAME	NORTHRUP, RONALD F		ł				•
STREET ADDRESS	5276 ROWE TRAIL		ł	חח	NOT W	RITE	
CITY ST-ZIP	PACE, FL 32571						
NAME		·	î	IN	THIS SI	PACE	
STREET ADDRESS	}		ł				
CITY-ST-ZIP	{		5				
TITLE			1	-			
NAME	}		ſ				
STREET ADDRESS CITY-ST-ZIP			1				
HTLE		•	1	v	. –		
NAME STREET ADDRESS			1				
CITY-ST-ZIP	1		ł				

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 cath; 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 HAME OF SIGNING OFFICER OR DIRECTOR

1/10/06 850-224-2300

Dayime Phone #