

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90040 039 ***150.00

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01302006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3475773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CHASTAIN, I N
5022 HOMER AVENUE
TAMPA, FL 33629

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNAPP, FORREST	
STREET ADDRESS	111 REMINGTON AVE	
CITY-ST-ZIP	THOMASVILLE, GA 31792	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CHASTAIN, OSBORNE	
STREET ADDRESS	105 DEER RIDGE DR	
CITY-ST-ZIP	THOMASVILLE, GA 31792	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHASTAIN, I N	
STREET ADDRESS	5022 HOMER AVE	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, ELOISE	
STREET ADDRESS	P O BOX 587	
CITY-ST-ZIP	DOUGLAS, GA 31534	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, ROBERT C	
STREET ADDRESS	RT 3 BOX 785	
CITY-ST-ZIP	HAVANNA, FL 3233	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNAPP, JAY	
STREET ADDRESS	335 N PINETREE BLVD	
CITY-ST-ZIP	THOMASVILLE, GA 31792	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, MAC	
STREET ADDRESS	BOX 649	
CITY-ST-ZIP	THOMASVILLE, GA 31799	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMBLE, THEO JR.	
STREET ADDRESS	5353 W. ATLANTIC AVE, 403	
CITY-ST-ZIP	DELRAY BEACH, FLA. 33484	
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 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 #

Forrest Knapp *2/19/06*
I, *Forrest Knapp* *(813) 839-0087*