

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 MAR 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000028175

1. Entity Name
CCH FORT WORTH I, INC.



Principal Place of Business
C/OCREATIVECHOICEHOMES
4243-DNORTHLAKEBLVD.
PALMBEACHGARDENS,FL33410

Mailing Address
C/OCREATIVECHOICEHOMES
4243-DNORTHLAKEBLVD.
PALMBEACHGARDENS,FL33410

BK



03142006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0823305

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BAROT, DILIP
4243 NORTHLAKE BLVD.
SUITE D
PALM BEACH GARDENS, FL 33410

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BAROT, DILIP
STREET ADDRESS	4243-D NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	SVP
NAME	WEIR, JOHN F
STREET ADDRESS	4243-D NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S
NAME	KAKKAR, YASHPAL
STREET ADDRESS	4243-D NORTHLAKE BLVD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Yash Pal Kakkur, Secretary

3/16/06 (561) 627-7988

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #