

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47646

**FILED**  
**Jul 10, 2006**  
**Secretary of State**

**Entity Name:** CCI PROPERTIES, INC.

**Current Principal Place of Business:**

100 S KENTUCKY AVE, STE 255  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

132 CANAL STREET  
STUITE 5  
NEW SMYRNA BEACH, FL 32169 US

**Current Mailing Address:**

PO BOX 1645  
LAKELAND, FL 33802 US

**New Mailing Address:**

132 CANAL STREET  
SUITE 5  
NEW SMYRA BEACH, FL 32169 US

**FEI Number:** 59-3131857

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOMBER, BARBARA  
100 S KENTUCKY AVE, STE 255  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

COOMBER, BARBARA  
135 MARINA BAY DRIVE  
NEW SMYRNA BEACH, FL 32169 US

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.

SIGNATURE: BARBARA COOMBER

07/10/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOMBER, BARBARA J  
Address: 1017 PENNSYLVANIA AVE.  
City-St-Zip: LAKELAND, FL 33803

Title: VSTD ( ) Delete  
Name: COOMBER, JESSE  
Address: 6916 CONSOLATA ST  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: COOMBER, BARBARA J  
Address: 135 MARINA BAY DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VSTD (X) Change ( ) Addition  
Name: COOMBER, JESSE  
Address: 6916 CONSOLATA ST  
City-St-Zip: BOCA RATON, FL 33433 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA COOMBER

PRES

07/10/2006

Electronic Signature of Signing Officer or Director

Date