

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90247 037 \*\*\*150.00

**DOCUMENT # 283384**  
 1. Entity Name  
**C COMPANY**



Principal Place of Business      Mailing Address  
 2787 E. OAKLAND PARK BLVD. #403      2787 E. OAKLAND PARK BLVD. #403  
 FORT LAUDERDALE, FL 33306      FORT LAUDERDALE, FL 33306

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



01062006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-1467771**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 GILBERTSON, STEPHEN W  
 2720 E OAKLAND PARK BLVD., STE. 109  
 FORT LAUDERDALE, FL 33306

**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 \_\_\_\_\_ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRANE, DAVID W. 2787 E OAKLAND PK BV 403 FORT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** David W. Crane      01-13-06 954-565-4824  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

ATTACHMENT  
#283384

60002664

LAW OFFICES  
DAVID W. CRANE, P.A.

2787 EAST OAKLAND PARK BOULEVARD  
SUITE 404  
FORT LAUDERDALE, FLORIDA 33306

(954) 565-4848 · FAX (954) 565-4866  
E-MAIL: DCRANELAW@AOL.COM

January 13, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: C Company  
Document #: 283384

Dear Sir/Madam:

Please find enclosed herewith the 2006 For Profit Corporation  
Annual Report together with my check in the amount of \$150.00.

Thank you for your cooperation in this matter and please do not  
hesitate to contact my office in the event you have any questions.

Very truly yours,

  
David W. Crane

DWC:sa

Enclosures: as stated