

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V40042

Entity Name: COMPANY C, INC.

FILED
Feb 23, 2006
Secretary of State

Current Principal Place of Business:

4264 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

7660 162 CT NORTH
WEST PALM BEACH, FL 33418

New Mailing Address:

FEI Number: 65-0338404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CAROL
7660 162ND CT. N.
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: SMITH, CAROL
Address: 7660 162ND COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: S () Delete
Name: SMITH, RICHARD SR.
Address: 7660 162ND COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP () Delete
Name: SMITH, RICHARD JR.
Address: 7660 162ND COURT
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TREA () Delete
Name: SMITH, CHRISTOPHER J
Address: 7660 162 ND CT N
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROL SMITH

Electronic Signature of Signing Officer or Director

PRES

02/23/2006

_____ Date